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|  | SUPERVISOR STANDARD and DECLARATION FORM 2018   * Use for **DISCRIMINATION** only   Please refer to **Guidance on Civil Supervisor Requirements (March 2018)** for advice on how to complete this form. |

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| 1. Details of organisation/supervisor applying | | | | | | |
| Organisation’s name:  Supervisor’s forename:  Supervisor’s surname:  Continuously qualified as a Supervisor since (date):  Account number(s) (as issued by us) of office(s) supervised:  Postcode(s) of office(s) supervised (if no Account number): | | | | |
| 2. Generic Supervisor Requirements | | | | |
| The Supervisor meets the supervisory standards by having:  (i) Supervised in the relevant Category of Law and/or Class of Work at least one full-time Caseworker (or equivalent) for at least one year in the five year period prior to completing this form. ; or  (ii) Completed training covering key supervisory skills no earlier than 12 months prior to the completion of this form. ; or  (iii) Completed the Level 3 or higher National Vocational Qualification (NVQ) standard (or any replacement from time to time) in supervising in the previous five year period. | | | | |
| 3. Legal Competence Standard for Supervisors | | | | | |
| i) | Areas of Knowledge – covered in the previous 12 months | | **File name/ref** | **Date closed/ worked on** | |
| a) | | **Discrimination –** 7 case files (of which 4 must relate to Discrimination at Work) | 1.  2.  3.  4. | 1.  2.  3.  4. | |
| b) | | 2 examples of a case involving arguments about reasonable adjustments | 1.  2. | 1.  2. | | |

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| ii) | Skills/Procedure/Knowledge – examples from the last 12 months | File name/ref | **Date closed/ worked on** |
| a) | Advice and assistance on proceedings in an employment tribunal (ET) or representation in the County Court or Employment Appeal Tribunal (EAT). | 1. | 1. |
| b) | 1 example of advice to the client about the merits of a review/appeal to the EAT or review of an ET decision | 1. | 1. |
| c) | 1 example of consideration of procedural points, for example:  1. Application for discovery;  2. Representation at a preliminary hearing  3. Request for further and better particulars or written answers to questions | 1. | 1. |
| d) | 1 example of advice to the client about enforcing an award. | 1. | 1. |
| e) | 1 example of the ability to recognise a possible contravention of the rights and freedoms expressed in the European Convention on Human Rights 1950, as given effect in the Human Rights Act 1998. | 1. | 1. |

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| 4. | Discrimination Case Involvement  Supervisors that work full time must demonstrate case involvement in the category of law (350 hours each year) over the past 3 years (36 months). Please give details in the first three columns below.  Supervisors that work part-time you must demonstrate case involvement in the category of law (1050 hours in total) over the past 5 years (60 months). Please give details in all five columns below. | | | | | | |
| Type of involvement | | Minimum/Maximum hours allowed per year (Refer to guidance regarding part-time supervisors) | Hours in past 12 months | Hours in months 13 to 24 | Hours in months 25 to 36 | Hours in months 37 to 48 | Hours in months 49 to 60 |
| All supervisors | | | Part-time supervisors only | |
| a)  Personal casework  Direct (documented) supervision | | Total minimum 235 hours comprising: |  |  |  |  |  |
| i) Personal casework (minimum 115 hours). |  |  |  |  |  |
| ii) Direct supervision |  |  |  |  |  |
| b)  File Review (including face-to-face) | | Maximum 60 hours (i.e. approx. 50% of 115 hours) |  |  |  |  |  |
| c)  External training delivery (meeting any professional development requirements of your Relevant Professional Body) | | Maximum 115 hours |  |  |  |  |  |
| d)  Documented research and the production of publications | | Maximum 115 hours |  |  |  |  |  |
| e)  Other supervision | | Maximum 115 hours |  |  |  |  |  |
| **TOTAL** | | **Minimum 350 hours** |  |  |  |  |  |

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| 5. Declaration |
| **This Supervisor was and continues to be employed by the organisation named at 1 above as at the date of completion of this form.**  Tick box to confirm  **As a person with powers of representation, decision or control of the organisation named at 1 above, I verify the information provided in this form and vouch that it is accurate.**  Name:  Role:       (e.g. Partner, Director, Trustee)  Dated: |