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|  | SUPERVISOR STANDARD and SELF DECLARATION FORM   * Use for **FAMILY** only * Please refer to **Guidance on Civil Supervisor Requirements (March 2021)** 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 Family 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 an approved training course 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) | Panel membership requirement | Give date of admittance | | Give date of latest reaccreditation | |
|  | Current membership of The Law Society’s Family Law Accreditation  *Or*  The Law Society’s Family Law Advanced Accreditation  Or  Current membership of The Law Society’s Children Law Accreditation  *or*  Current Part 1 (core assignment) of the Resolution Specialist Accreditation Scheme  *or*  Current Resolution Specialist Accreditation Scheme |  | |  | |
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| **ii)** | **Skills/Procedure/Knowledge – examples from the last 12 months** | | File name/reference | | **Date closed/ worked on** |
| a) | 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. | Family Case Involvement  If you work full time you have to demonstrate case involvement (350 hours each year) over the past 3 years (36 months). Please complete the details of this involvement in the first three columns below.  If you work part-time you have to demonstrate case involvement (1050 hours in total) over the past 5 years (60 months). Please complete details of your case involvement in all five columns below. | | | | | | |
| Type of involvement | | Minimum/Maximum hours allowed per year | Hours in past 12 months | Hours in past 13 to 24 months | Hours in past 25 to 36 months | Hours in past 37 to 48 months | Hours in past 49 to 60 months |
|  | |  | 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 is either a sole principal, an employee, a director, a partner in or a member of the organisation named at 1 above as at the date of completion of this form.**  Tick box to confirm  **I confirm that I am either the Compliance Officer for Legal Practice, the Head of Legal Practice, the Compliance Manager or (where the organisation is not regulated) a member of key personnel who either (i) has decision and / or veto rights over decisions relating to the running of the organisation, or (ii) has the right to exercise, or actually exercises, significant influence or control over the organisation, and I confirm that the information provided in this form is accurate.**  Name:  Role:  Dated: |