



**Legal Aid
Agency**

**PEER REVIEWER PANEL APPOINTMENT
SUPERVISOR STANDARD AND
DECLARATION FORM**

- THIS FORM SHOULD BE USED ONLY BY APPLICANTS AS PART OF THE PEER REVIEWER PANEL APPOINTMENT PROCESS.
- Use for **Crime** only

1. Details of organisation and Supervisor		
Organisation's name: Supervisor's name: Continuously qualified as a Supervisor since (date): Account number(s) 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 (please ensure that you tick at least one of the boxes below): (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. <input type="checkbox"/> ; or (ii) Completed an approved training course covering key supervisory skills no earlier than 12 months prior to the completion of this form. <input type="checkbox"/> ; or (iii) Completed the Level 3 or higher National Vocational Qualification (NVQ) standard in supervising no earlier than five years prior to the completion of this form. <input type="checkbox"/>		
3. Legal Competence Standard for Supervisors		
i)	Areas of Knowledge (undertaken in the previous 12 months)	
a)	Has held a current non-conditional practising certificate for the previous three years	Please give date of date of most recently obtained practising certificate
b)	Has achieved the Criminal Litigation Accreditation Scheme (CLAS) in full	Please give date of qualification

ii)	Skills/ Procedure/ Knowledge- Examples from the last 12 months	File name/UFN	Type of Case	Date closed/ worked on
a)	<p>Has undertaken a minimum of 6 Police Station Advice and Assistance cases (of which no more than two can be Police Station Telephone Advice where there is no subsequent Police Station Attendance)</p> <p>These examples must have been undertaken with the last 12 months</p>	<p>1. 2. 3. 4. 5. 6.</p>	<p>1. 2. 3. 4. 5. 6.</p>	<p>1. 2. 3. 4. 5. 6.</p>
b)	<p>Has undertaken 20 examples of magistrates' court Representation and advocacy</p> <p>These examples must have been undertaken with the last 12 months</p> <p>Or</p>	<p>1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.</p>	<p>1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.</p>	<p>1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.</p>

bii)	Has undertaken a minimum of 10 Magistrates Court Representations and Advocacy These examples must have been undertaken with the last 12 months <i>and</i>	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.
biii)	Has undertaken a minimum of 5 Crown Court Representations and Advocacy These examples must have been undertaken with the last 12 months	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

4. Crime Case Involvement

Supervisors that work full time must demonstrate case involvement of at least 350 hours of Crime casework supervision each year in the 12 months prior to the date at Section 5 (Declaration). Please give details in the first column below.

Supervisors that work part-time must demonstrate case involvement of 1050 hours over the past 5 years prior to that date. 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 24 months	Hours in 36 months	Hours in 48 months	Hours in 60 Months
		All Supervisors	Part-time Supervisors only			
a) Personal Case work and Direct (documented) Supervision	Total minimum 235 hours comprising:					
	i) Personal casework (minimum 115 hours)					
	ii) Direct Supervision					
b) File Review (inc. face-to- face)	Maximum 115 hours (i.e. approx. 50% of 235 hours)					

c) Delivery of external training (CPD-accredited)	Maximum 115 hours					
d) Documented Research/ Production of publications	Maximum 115 hours					
e) Other supervision	Maximum 115 hours					
TOTAL	Minimum 350 Hours					

5. Declaration

This Supervisor was and continues to be employed by the organisation named at Section1 (Details of organisation and Supervisor) above as at the date of completion of this form.

Tick box to confirm

I verify the information provided in this form and vouch that it is accurate.

Name:

Role: (e.g. Partner, Director, Trustee, Sole Practitioner)

Dated: