SUPP(MH-1)



PEER REVIEWER PANEL APPOINTMENT **SUPERVISOR STANDARD AND**

- THIS FORM SHOULD BE USED ONLY BY APPLICANTS AS PART OF THE PEER REVIEWERS PANEL APPOINTMENT PROCESS.
- Use for **MENTAL HEALTH** only
- This form is for use by Supervisors who predominately supervise work in relation to the Mental Health Act 1983

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 Mental Health Category of Law and/or relevant 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. Leg	al Competence Standard for Supervisors (<u> </u>		
i)	Panel Membership Requirement	Give date of admittance and provide documentary proof of membership			
a)	Current membership of the Law Society's Mental Health Accreditation scheme.	Please confirm	membership by t	icking box	
	Or for non-Solicitor Supervisors only assessed by the Law Society as meeting the Mental Health	Date admitted to panel: Date last reaccredited: Or Provide Confirmation of Positive Assessment Date of Assessment:			
	Accreditation Scheme criteria Note: This alternative is only available to organisations in the NfP sector.				
ii)	Skills/Procedure/Knowledge – examples from the last 12 months	File name/ref	Area of Knowledge	Date closed/ worked on	
a)	Representation on 10 MHT case files in	1.	1.	1.	
	previous 12 months:	2.	2.	2.	
	Note: Where the practitioner is unable to demonstrate that they have represented a	3.	3.	3.	
	client at 10 hearings they may, as an alternative, demonstrate the following in	4.	4.	4.	
	meeting the case load requirement:	5.	5.	5.	
	Representation at 5 hearings; plus	6.	6.	6.	
	5 further cases in which either the	7.	7.	7.	
	preparation for the hearing had been completed and can be demonstrated on file or where they have had conduct of a case which	8.	8.	8.	
		9.	9.	9.	
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b)	Non- MHT cases- 2 legal help case files from the list below:	1.	1.	1.
	nom the list below.	2.	2.	2.
	1. Hospital manager's review meeting			
	Care Programme Approach meeting Section 117 aftercare			
	Medical treatment (under the MHA 1983)			
	5. Section 17 leave			
	6. Remittance to prison			
	7. Advice to nearest relative on their role/rights			
	8. Mental Capacity Act 2005			

4. Mental Health 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	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
	part-time Supervisors)	All Supervisors			Part-time Supervisors only	
a) Personal	Total minimum 235 hours comprising:					
casework Direct (documented)	i) Personal casework (minimum 115 hours).					
supervision	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			

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 the information provided in this form is accurate.
Name:
Role:
Dated: