SUPP (WB)

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|  | SUPERVISOR STANDARD andDECLARATION FORM* Use for **Welfare Benefits category only**
* Please refer to **Guidance on Civil Supervisor Requirements (September 2023)** for advice on how to complete this form.
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| 1. Details of organisation/Supervisor applying |
| 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 |
| (i) Supervised in the Welfare Benefits 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 2 years prior to the completion of this form[ ] . |
| 3. Legal Competence Standard for Supervisors |
| i) | Areas of Knowledge – four of the following thirteen areas in the past 12 months | **File Name/ref** | **Area of knowledge** | **Date closed/ worked on** |
| a) |  1. Employment and Support Allowance  2. Disability Living Allowance 3. Attendance Allowance 4. Tax Credits (including pension credit) 5. Pensions (including retirement) 6. Bereavement Benefits. 7. Social Fund Payments 8. Housing Benefit 9. Job Seekers Allowance10. Industrial Injuries Disablement Benefits11. Income Support12. Universal Credit.13. Personal Independence Payments  | 1.      2.      3.      4.       | 1.      2.      3.      4.       | 1.      2.      3.      4.       |
| ii) | Skills/Procedure/Knowledge – examples from the last 12 months | File name/reference | **Date closed/ worked on** |
| a) | 3 examples of advice and assistance when preparing a permission application to the Upper Tribunal.  | 1.      2.      3.       | 1.      2.      3.       |
| b) | 2 examples of advice and assistance when preparing a substantive appeal to the Upper Tribunal. | 1.      2.       | 1.      2.       |
| c) | 2 examples of recognising the possibility of judicial review proceedings.  | 1.      2.       | 1.      2.       |

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| 4. | Welfare Benefits Case Involvement[[1]](#footnote-1)Supervisors that work full time must demonstrate case involvement in the category of law 56 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 (280 hours in total) over the past 5 years (60 months). Please give details in all five columns below.NB. You are only required to fill in sections 4(b) to 4(e), where you are unable to meet the hours requirement at 4(a). |
| Type of involvement | Minimum/Maximum hours allowed per year (Refer to guidance regarding part-time Supervisors) | Hours in past 12 months | Hours in months 12 to 24 | Hours in months 24 to 36 | Hours in months 36 to 48 | Hours in months 48 to 60  |
|  |  | All Supervisors | Part-time Supervisors only |
| a)Personal casework and Direct (documented) supervision | Total minimum 56 hours comprising:  |  |  |  |  |  |
|  | i) Personal casework (minimum 37 hours). |       |       |       |       |       |
|  | ii) Direct supervision (maximum of 19 hours). |       |       |       |       |       |
| b)File Review (inc. face-to-face) | Maximum19 hours (i.e. approx. 50% of 37 hours) |       |       |       |       |       |
| c)Delivery of external training (meeting any professional development requirements of your Relevant Professional Body) | Maximum 19 hours |       |       |       |       |       |
| d) Documented research / production of publications | Maximum 19 hours |       |       |       |       |       |
| e) Other supervision | Maximum 19 hours |       |       |       |       |       |
| **TOTAL** | **Minimum 56 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:       |

1. Where you have had extended periods of absence for maternity, sickness or compassionate reasons (continuously for a period of three months or more or for a total of 90 days or more within any of the three defined 12 month periods) please complete the Case Involvement hours in the same way as part time Supervisor. [↑](#footnote-ref-1)