SUPP (FAMMED) – SupERVISOR1

|  |  |
| --- | --- |
| P1english_2 | Family Mediation SUPERVISOR STANDARDDECLARATION FORM* Use for **Family** **Mediation** only
* Please refer to **Guidance on Civil Supervisor Requirements (September 2023)** for advice on how to complete this form.
 |

|  |
| --- |
| 1. Details of Supervisor |
| Organisation’s name:      Supervisor’s name:       Internal/External:      Staff Supervised:       |

|  |
| --- |
| 2. Competence Standard for Supervisors (PPC) |
| Requirements | Date of Qualification/Registration as a Supervisor |
| Registered as a Supervisor with a member body of the Family Mediation Council   |       |

|  |  |
| --- | --- |
| 3. | Case Involvement RequirementsPlease complete all sections below. Supervisor must be able to meet all of the requirements. |
| Type of involvement | Requirements | Please tick if Yes |
| Personal casework | The supervisor meets the supervisory standards by having:1. at least 3 years experience as a mediator
2. been registered as a supervisor with a member of the Family Mediation Council or other body we reasonably specify from time to time;
3. conducted at least 45 hours of mediation sessions (at least 15 of which have been conducted in the year prior to qualification/registration as a Supervisor) in each mediation category of work;
4. successfully completed a Mediation Supervision training course recognised by a member organisation of the Family Mediation Council;
5. conducted at least 15 hours of mediation sessions each year since registration as a Supervisor; and
6. attended a FMC recognised update course annually.
 | [ ] [ ] [ ] [ ] [ ] [ ]  |

|  |
| --- |
| 4. Declaration |
| **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.** Tick Box to confirm: [ ] Name:      Role:        Dated:       |