SUPP (CRI)

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|  | Crime SUPERVISOR STANDARD and DECLARATION FORM   * **This form should be used by Providers who currently hold or are seeking to tender for a 2025 Standard Crime Contract** * This form should be used for Criminal Investigations and Proceedings only. * Please refer to guidance for advice on how to complete this form. |
| Criminal Investigations & Proceedings | |

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| 1. Organisation and Supervisor Details |
| **Name of Organisation:**  **Name of Supervisor:**  **Date Qualified as a Supervisor (DD/MM/YYYY):**  **Legal Aid Account Number(s) for office(s) supervised:**  **Postcode of office(s) supervised (if you have no Legal Aid Account Number):**  **Is this Supervisor employed by you on a full-time basis? Y/N**  **If the Supervisor is part time how many hours do they work for you per week?**  **Does this Supervisor supervise for any other organisation? Y/N**  **(If yes to the above, please provide the name of the organisation and details of the office supervised):** |
| 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 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 a training course covering key supervisory skills no earlier than 12 months prior to the completion of this form. ; |

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| 3. Legal Competence Standard for Supervisors | | | | |
| i) | Areas of Knowledge |  | | |
| a) | Has held a current non-conditional practising certificate for the previous three years. | Please give date of date of most recently obtained practicing certificate | | |
| b) | Has achieved the Criminal Litigation Accreditation Scheme (CLAS) in full. | Please give year of qualification | | |
| ii) | Skills/ Procedure/ Knowledge  Examples from last 12 months prior to the date this form was signed.  e.g., signature 01.01.2025 the period we are looking at is:  01.01.24– 31.12.24 | **UFN/ Client Name** | **Offence Description**  **(Offence Codes are not acceptable)** | **Date last worked on** |
| a) | Has undertaken a minimum of 6 Police Station Advice and Assistance cases (of which no more than 2 can be Police Station Telephone Advice where there is no subsequent Police Station Attendance)  Examples must be taken from the 12-month period prior to the form being signed.  Examples must be from different cases but may involve the same client | 1.  2.  3.  4.  5.  6. | 1.  2.  3.  4.  5.  6. | 1.  2.  3.  4.  5.  6. |
|  | Skills/ Procedure/ Knowledge  Examples from last 12 months prior to the date this form was signed. | **UFN/ Client Name** | **Offence Description**  **(Offence Codes are not acceptable)** | **Date last worked on** |
| bi) | Has undertaken 20 examples of magistrates’ court Representation and advocacy.  Examples must be taken from the 12-month period prior to the form being signed.  Examples must be from different cases but may involve the same client.  *Or* | 1.  2.  3.  4.  5.  6.  7.  8.  9.  10.  11.  12.  13.  14.  15.  16.  17.  18.  19.  20. | 1.  2.  3.  4.  5.  6.  7.  8.  9.  10.  11.  12.  13.  14.  15.  16.  17.  18.  19.  20. | 1.  2.  3.  4.  5.  6.  7.  8.  9.  10.  11.  12.  13.  14.  15.  16.  17.  18.  19.  20. |
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|  | Skills/ Procedure/ Knowledge  Examples from last 12 months prior to the date this form was signed. | **UFN/ Client Name** | **Offence Description**  **(Offence Codes are not acceptable)** | **Date last worked on** |
| bii) | Has undertaken a minimum of 10 Magistrates Court Representations and Advocacy  Examples must be taken from the 12-month period prior to the form being signed.  Examples must be from different cases but may involve the same client.  *and* | 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  Examples must be taken from the 12-month period prior to the form being signed.  Examples must be from different cases but may involve the same client. | 1.  2.  3.  4.  5. | 1.  2.  3.  4.  5. | 1.  2.  3.  4.  5. |
| 4. Crime Case Involvement  Full Time Supervisors must demonstrate a minimum of 350 hours Crime Casework within the last 12 months (from the date this form was signed). Please provide details in the first column below.  Part time Supervisors must demonstrate a minimum of 1050 hours Crime Casework over the past 5 years (from the date this form was signed). Please complete all columns below which apply. If you have any years in which no crime casework was completed, please enter N/A. | | | | |

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| **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** |  |  |  |  |  |
| 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** |  |  |  |  |  |

**Please Complete the Declaration – Section 5 on the following page**

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| 5. Declaration: Failure to complete this section correctly will result in the application being rejected. |
| **This Supervisor is either a sole principal, an employee, a director, a partner in or a member of the organisation named at section 1 above at the date of completion of this form.**  Tick box to confirm  Is this organisation regulated by:   1. The Solicitors Regulation Authority (SRA)? (Y/N) 2. The Bar Standards Board (BSB)? (Y/N) 3. The Chartered Institute of Legal Executives (CILEx)? (Y/N)   **If the organisation is not regulated by SRA, BSB or CILEx please refer to point 4 below**.   1. If you have selected that your organisation is regulated by the Solicitors Regulation Authority (SRA) the Compliance Officer for Legal Practice (COLP) **must** sign the form 2. If you have selected that your organisation is regulated by the Bar Standards Board (BSB) the form **must** be signed by the Head of Legal Practice (HOLP) 3. If you have selected that your organisation is regulated by the Chartered Institute for Legal Executives (CILEx) the form must be signed by the Compliance Manager.   **OR**   1. **If the organisation is not authorised by the SRA, BSB or CILEx, the form must be signed by a member of Key Personnel who either (i) has decision and / or veto rights over decisions relating to the running of the Applicant; or (ii) has the right to exercise, or actually exercises, significant influence or control over the Applicant.**   Tick box to confirm  **I warrant that the information provided in this SUPP (CRI) form is accurate, and that the Supervisor listed in this form is fully compliant with all aspects of the Supervisor Standards and acknowledge that if not compliant the contract may be terminated.**  Name:    Dated: |