SUPP (AR)

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|  | APPEALS & REVIEWS SUPERVISOR STANDARD andDECLARATION FORM* **This form should be used by Providers who currently hold or are seeking to tender for a 2025 Standard Crime Contract**
* Use for **Crime – Appeals and Reviews Work** only
* Use this form if you are applying to **only** do Appeals and Reviews work or **only** Appeals and Reviews work and Prison Law.
* Please refer to guidance for advice on how to complete this form.
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| Appeals and Reviews Work |

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| 1. Details of organisation and Supervisor  |
| **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):**       |

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| 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 an approved 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       |

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| **4.** | **Case Involvement (at least 350 hours in the previous 12 months)** | **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)** | Direct (personal) casework | Minimum **115** hours |       |       |       |       |       |
| Direct (documented) supervision. |  |       |       |       |       |       |
| **Total**Note: this **must** all be Appeals and Review- related casework and supervision. | **Minimum 350 hours** |       |       |       |       |       |

**Please Complete the Declaration in 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 (AR) 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:       |