**SUPP (PL)**

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|  | Prison Law 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 **Prison Law** Only
* Your organisation may not have or employ a Supervisor who is also a Prison Law Supervisor for two or more other organisations.
* Please refer to guidance for advice on how to complete this form.
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| Prison Law |
| 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 Category of Law and/or 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** – representations at oral hearings in the previous 12 months | **UFN/ Client Name** | **Area of knowledge** | **Date last worked on** |
|  | Has in the previous 12 months undertaken for the organisation named at section 1 (Details of Organisation and Supervisor) above a minimum of **four** representations at *four* distinguishable types of oral hearing before the Parole Board or the Independent Adjudicator/Prison Governor for four different clients. | 1.      2.      3.      4.       | 1.      2.      3.      4.       | 1.      2.      3.      4.       |

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| **4. Prison Law Case Involvement** |
| Supervisors that work **full time** must demonstrate case involvement of at least 350 hours of direct Prison Law casework supervision (or direct Prison Law casework) in the 12 months prior to the date at Section 5 (Declaration). Please give details in the first column below.Supervisors that work part-time must demonstrate case involvement of 1050 hours over the past 5 years prior to that date Please give details in **all** columns below. ***Note:*** *To maintain their contract status, a Prison Law Supervisor must undertake at least 350 hours of direct casework or direct documented supervision for each organisation supervised, each 12 months.* |
| **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** |  |  |  |  |  |

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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 (PL) 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:       |