SUPP (INQ)

Legal Aid Agency

SUPERVISOR STANDARD AND DECLARATION FORM

- Use for **INQUESTS** only
- Please refer to **Guidance on Civil Supervisor Requirements (August 2026)** on completing Supervisor Declaration Forms for advice on how to complete this form.

1. Details of organisation/supervisor applying

Organisation's name:

Supervisor's forename:

Supervisor's surname:

Continuously qualified as a Supervisor since (date):

Account number(s) (as issued by us) of office(s) supervised:

Postcode(s) of office(s) supervised (if no Account number):

2. Generic Supervisor Requirements

The Supervisor meets the supervisory standards by having:

(i) Supervised at least one Caseworker who regularly undertook work in any area of law for at least one year in the previous five year period ☐; or

(ii) Completed an approved training course covering key supervisory skills in the previous 24 months prior to the completion of this form ☐.

3. Legal Competence Standard for Supervisors
The Supervisor meets the legal competence standard by having: (i) Completed an approved inquest training course in the previous 24 months ☐; or (ii) Provided advice and assistance in relation to at least 3 inquest cases in the previous 24 months ☐. Where the Supervisor meets the legal competence standard by having provided advice and assistance on 3 inquest cases please provide details of those cases below. There is no requirement to provide details on cases where the Supervisor meets the legal competence standard via the approved inquest training course route.

Skills/Procedure/Knowledge – examples from the last 24 months	**File name/reference**	**Date closed/ worked on**
Provided advice and assistance in relation to at least 3 Inquest cases in the previous 24 months	1. 2. 3.	1. 2. 3.

4.	**Inquest Case Involvement** Supervisors must demonstrate case involvement in the category of law of at least 100 hours over the past 3 years (36 months). These hours must relate to matters where the actions of a public authority potentially contributed to the death or serious injury of an individual. Please give details in the **first three** columns below.			
Type of involvement		**Hours in past 12 months**	**Hours in months 12 to 24**	**Hours in months 24 to 36**
		All Supervisors		
a)Personal casework and Direct (documented) supervision				
b) File Review (inc. face-to-face)				
c) External training delivery (meeting any professional development requirements of your Relevant Professional Body				
d) Documented research and the production of publications				
e) Other supervision				
TOTAL	**Minimum 100 hours in total across 3 years**			

5. Declaration

This Supervisor is either a sole principal, an employee, a director, partner or member of the organisation named at 1 above as 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: