SUPP (WB)

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|  | SUPERVISOR STANDARD and DECLARATION FORM   * Use for **Welfare Benefits** only * Please refer to [guidance](http://www.justice.gov.uk/legal-aid/contracts-and-tenders/2014-welfare-benefits-contract) on completing Supervisor Declaration Forms for advice on how to complete this form. |
| 1. Details of organisation/Supervisor applying | |
| Organisation’s name:  Supervisor’s name:  Continuously qualified as a Supervisor since (date):  Account number(s) of office(s) supervised:  Postcode(s) of office(s) supervised (if no Account number): | |
| 2. Generic Supervisor Requirements | |
| (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 training covering key supervisory skills that we approve from time to time no earlier than 22 months prior to the completion of this form. ; or  (iii) Completed the Level 3 or higher National Vocational Qualification (NVQ) standard (or any replacement from time to time) in supervising no earlier than five years prior to the completion of this form. | |

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| 3. Legal Competence Standard for Supervisors | | | | | | |
| i) | Areas of Knowledge – four of the following thirteen areas in the past 22 months | **File Name/ref** | | **Area of knowledge** | | **Date closed/ worked on** |
| a) | 1. Employment and Support Allowance  2. Disability Living Allowance  3. Attendance Allowance  4. Tax Credits (including pension credit)  5. Pensions (including retirement)  6. Bereavement Benefits.  7. Social Fund Payments  8. Housing Benefit  9. Job Seekers Allowance  10. Industrial Injuries Disablement Benefits  11. Income Support  12. Universal Credit.  13. Personal Independence Payments | 1.  2.  3.  4. | | 1.  2.  3.  4. | | 1.  2.  3.  4. |
| ii) | Skills/Procedure/Knowledge – examples from the last 22 months | | File name/reference | | **Date closed/ worked on** | |
| a) | 3 examples of advice and assistance when preparing a permission application to the Upper Tribunal. | | 1.  2.  3. | | 1.  2.  3. | |
| b) | 2 examples of advice and assistance when preparing a substantive appeal to the Upper Tribunal. | | 1.  2. | | 1.  2. | |
| c) | 2 examples of recognising the possibility of judicial review proceedings. | | 1.  2. | | 1.  2. | |
| d) | 1 example of the ability to recognise a possible contravention of the rights and freedoms expressed in the European Convention on Human Rights 1950, as given effect in the Human Rights Act 1998. | | 1. | | 1. | |

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| 3. | Welfare Benefits Case Involvement  Supervisors that work full time must demonstrate case involvement in the category of law 350 hours each year) over the past 3 years and 10 months (46 months). Please give details in the first three columns below.  Supervisors that work part-time you must demonstrate case involvement in the category of law (1050 hours in total) over the past 5 years and 10 months (70 months). Please give details in all five columns below. | | | | | | |
| Type of involvement | | Minimum/Maximum hours allowed per year (Refer to guidance regarding part-time Supervisors) | Hours in past 22 months | Hours in months 19 to 30 | Hours in months 31 to 42 | Hours in months 43 to 54 | Hours in months 55 to 66 |
|  | |  | All Supervisors | | | Part-time Supervisors only | |
| a)  Personal casework 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) | | Maximum115 hours (i.e. approx. 50% of 235 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 |
| **This Supervisor was and continues to be employed by the organisation named at 1 above as at the date of completion of this form.**  Tick box to confirm  **As a person with powers of representation, decision or control of the organisation named at 1 above, I verify the information provided in this form and vouch that it is accurate.**  Name:  Role:       (e.g. Partner, Director, Trustee)  Dated: |