

Criminal Advocacy Evaluation Form (complete as appropriate)



Registration Progression Re-accreditation Ongoing Monitoring

Please complete in BLOCK CAPITALS

NAME OF ADVOCATE:

COURT/ASSESSMENT CENTRE:

BSB/CILE/XSRA ID: DATE OF INSTRUCTION: - -

NATURE OF CASE: START DATE OF TRIAL: - -

NAME OF CASE:

CURRENT LEVEL: 1 2 3 4/4QC LEVEL OF CASE: 1 2 3 4

PROVISIONAL or FULL ACCREDITATION: Prov. Full

Please indicate an assessment for each relevant standard (mark **x** as appropriate)

***Assessment of Standards 1, 2, 3 and 4 are mandatory for a valid evaluation**

N.B.: This form should be completed with reference to the Performance Indicators, on pages 4-8. Please complete this page and give brief reasons for your evaluation in the Comments box on the following page

	COMPETENT	NOT COMPETENT	NOT POSS. TO EVALUATE
1 Has demonstrated the appropriate level of knowledge, experience and skill required for the Level*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Was properly prepared*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Presented clear and succinct written and/or oral submission*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Conducted focussed questioning*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Was professional at all times and sensitive to equality and diversity principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Provided a proper contribution to case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Handled vulnerable, uncooperative and expert witnesses appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Understood and assisted court on sentencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Assisted client(s) in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

