**The applicant is applying to join or upgrade their current level on the CPS Specialist Advocate Panel.**

**Referees are kindly requested to answer the following questions, by reference to the competency requirements of the level the applicant is applying for. Further detail on the competency requirements is contained within the Selection Criteria document (specific to the applicant’s level).**

**Further details of the scheme can be found on the** [**CPS Website**](https://www.cps.gov.uk/publication/advocate-panels) **and more specific information in relation to references can be found on the** [**Explanatory Note to Referees**](https://www.cps.gov.uk/sites/default/files/documents/publications/specialist-panels-explanatory-note-to-referees-updated-july-2018.pdf) **document.**

**Please complete this form electronically and ensure that sensitive information is anonymised. All information you provide in this form will be treated in confidence. A handwritten signature is not required in Section 5.**

**It is the applicant’s responsibility to ensure that this reference is submitted to the CPS by the deadline date.**

**Completed references should either be submitted by the applicant, in a single submission, together with their application form to the** [**Advocate Panels mailbox**](mailto:advocate.panels@cps.gov.uk)**. Alternately, referees may send a copy of their reference directly to** [**Advocate Panels mailbox**](mailto:advocate.panels@cps.gov.uk)**.**

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| **Section 1: Nominated Referee** | |
| **Referee’s Name:** | **Click here to enter text.** |
| **Approved by (for CPS references only):** | **Click here to enter text.** |

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| --- | --- | --- | --- |
| **Section 2: Applicant’s Information** | | | |
| **Applicant’s Name:** | **Click here to enter text.** | | |
| Applicant’s Bar Number - 5 digits (if applicable): | **Click here to enter text.** | | |
| Applicant’s SRA Number - 6 digits (if applicable): | **Click here to enter text.** | | |
| **Specialist Panel applied for:** | **Choose an item.** | **Level Applied for:** | **Choose an item.** |
| **Specialist Panel applied for:** | **Choose an item.** | **Level Applied for:** | **Choose an item.** |
| **Specialist Panel applied for:** | **Choose an item.** | **Level Applied for:** | **Choose an item.** |
| **Specialist Panel applied for:** | **Choose an item.** | **Level Applied for:** | **Choose an item.** |
| **Specialist Panel applied for:** | **Choose an item.** | **Level Applied for:** | **Choose an item.** |

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| **Section 3: Reference Questions** |

**3a: Please describe your role in relation to the applicant e.g. judicial referee, Head of Chambers, instructing solicitor etc. and include details of your knowledge of the applicant’s work?**

***Maximum of 150 words*.**

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| **Click here to enter text.** |

**3b: How would you rate the applicant’s effectiveness in legal decision making and case strategy at the level applied for?**

***Maximum of 500 words.***

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| **Click here to enter text.** |

**3c: How would you assess the applicant’s advocacy skills in relation to casework at the level applied for?**

***Maximum of 500 words.***

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| **Click here to enter text.** |

**3d: How would you assess the applicant’s interpersonal skills? In particular, how they interact with the judiciary, jury or witnesses.**

***Maximum of 500 words.***

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| **Click here to enter text.** |

**3e: Please add any additional information which might assist.**

***Maximum of 500 words.***

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| **Click here to enter text.** |

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| **Section 4: Referee’s Information** | | |
| **Name:** | **Click here to enter text.** |
| **Job Title/Position:** | **Click here to enter text.** |
| **Address:** | **Click here to enter text.** |
| **Town/City:** | **Click here to enter text.** |
| **Postcode:** | **Click here to enter text.** |
| **E-mail Address:** | **Click here to enter text.** |
| **Telephone No:** | **Click here to enter text.** |

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| **Section 5: Referee’s Declaration** |

**I declare that all the information I have given on this form is, to the best of my knowledge and belief, true and accurate.**

|  |  |
| --- | --- |
| **Name:** | **Click here to enter text.** |
| **Date:** | **Click here to enter text.** |