# Icon Description automatically generated

# Costs Lawyer Standards Board

# Qualified Person Statement

Qualifying Experience

Qualifying Experience is part of the training requirements for new Costs Lawyers. It is work undertaken in costs law and practice for a period equivalent to two years full-time, which allows the skills set out in the [Competency Statement](https://clsb.info/qualification/how-to-become-a-costs-lawyer/) to be practised under the supervision of a Qualified Person. The purpose of Qualifying Experience is to ensure that qualifying Costs Lawyers have the support, mentorship and oversight needed to meet the standards in the Competency Statement in a day-to-day working environment (Training Rule 5.2).

How to complete this Qualified Person Statement

This Qualified Person Statement is used by the CLSB in determining whether you have met the requirements for Qualifying Experience, as set out in the [Training Rules](https://clsb.info/qualification/how-to-become-a-costs-lawyer/). You will need to submit a completed Qualified Person Statement to the CLSB for each person who supervised your Qualifying Experience.

Section A of the statement should be completed by you. The Qualified Person who has supervised your Qualifying Experience should check they agree with the details in Section A then complete Section B and sign the declaration (electronic signatures are accepted).

The completed Qualified Person Statement should be returned to you so that you can submit it to the CLSB. Please refer to the [Guidance Note](https://clsb.info/qualification/how-to-become-a-costs-lawyer/) on Qualifying Experience for information about when and how to submit this document.

We may check the information provided in the Qualified Person Statement with third parties, such as regulatory bodies or an employer. We may also need to ask follow-up questions depending on the information provided.

**Personal data**

Personal data provided in this Qualified Person Statement will be handled in accordance with the CLSB’s [Privacy Policy](https://clsb.info/privacy-policy/).

*Section A: for completion by the person undertaking the Qualifying Experience*

|  |  |  |
| --- | --- | --- |
| **Your details** | | |
| Name |  | |
| Email address |  | |
| Current organisation |  | |
| CL number (if known) |  | |
| Your organisation during the period of supervision by the Qualified Person | |  |
| Start date of supervision by the Qualified Person | |  |
| End date of supervision by the Qualified Person | |  |

*Section B: for completion by the Qualified Person*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your details** | | | | |
| Name | |  | | |
| Email address | |  | | |
| Current organisation | |  | | |
| Your organisation during the period of supervision | | |  | |
| Were you a regulated lawyer during the period of supervision?  *The CLSB may contact you to request evidence of your authorisation during the time of supervision if this is not available on your regulator’s website.* | | Yes, a regulated Costs Lawyer  No  Yes, a regulated barrister  Yes, a regulated solicitor  Yes, a regulated CILEx lawyer  Yes, another type of regulated lawyer | | |
| **Qualifying Experience Record** | | | | |
| **Have you reviewed the individual’s Qualifying Experience Record?** | | | | Yes  No |
| **Do you confirm the accuracy of the information provided in the Qualifying Experience Record that relates to your period of supervision (including any practice examples for which you are named as the relevant supervisor)?** | | | | Yes  No |
| If you answered ‘no’ to any of the questions above, please provide details. | | | | |
| **Supervision** | | | | |
| **Did you have oversight of the supervised person’s work on at least a monthly basis and provide feedback to the supervised person on that work?** | | | | Yes  No |
| Please provide a brief description of your supervision arrangements. | |  | | |
| **Competency** | | | | |
| During your supervision did you receive any complaints (formal or informal) about the supervised person? | | | | Yes  No |
| **During your supervision did you have, or become aware of, any concerns about the supervised person’s competency?** | | | | Yes  No |
| Are there any other matters of which you think the CLSB should be aware in relation to the supervised person or your supervision of them? | | | | Yes  No |
| If you answered ‘yes’ to any of the questions above, please provide details, including any remedial action that was taken. | | | | |
| **Declaration** | | | | |
| By signing below you declare that:   1. You had oversight of the work of the individual named in Section A on at least a monthly basis during the period of Qualifying Experience indicated in Section A. 2. The work involved costs law and practice. 3. You provided feedback, support and mentorship to give the supervised person the opportunity to meet the standards in the Competency Statement. 4. You consent to us verifying the information provided in this Qualified Person Statement with relevant third parties. 5. The information in this Qualified Person Statement is true and complete. | | | | |
| Signed: |  | | | |
| Date: |  | | | |

*Thank you for your time invested in supervising this individual and helping to develop the next generation of Costs Lawyers.*