

## WBL Logbook Sheet Template



Competency e.g. 1	Learning Outcome e.g. 1.1	Example Number
4	4.3	1
<b>Evidence provided</b>		
e.g. letter to client dated 01.01.2017, Telephone attendance note dated 01.01.2017		
Completed file review sheet, internal file review sheet, file checklist, new matter risk assessment, file closing risk assessment.		
<b>Explain how the example meets the learning Outcome and how the evidence shows this</b>		
<p><b>Demonstrate maintenance of my files and business systems:</b> There are a number of internal processes used to ensure that my files are reviewed and comply with our firm's standard procedures. This ensures that every file is compliant in accordance with the standard that has been set by the firm. Maintaining client files to a satisfactory level is of the utmost importance.</p> <p><b>File Reviews:</b> In respect of the reviewing of files, our firm runs a stringent process whereby a number of each fee earners files are reviewed, and feedback is provided as necessary.</p> <p>There are also a number of useful forms used with each file to ensure that files are complaint in accordance with my firm's procedures. They are as follows:-</p> <p><b>File Review Sheet:</b> The file review sheet is a way to ensure that standard procedures are followed throughout the duration of the case.</p> <p><b>File Checklist:</b> The file checklist is a business system that ensures the files are compliant and that key file procedures are actioned on the file.</p> <p><b>Client Information Form:</b> This form encompasses the client's personal details and must be kept up to date by the fee earner as the matter progresses.</p> <p><b>New Matter Risk Assessment:</b> A risk assessment is completed upon all new files to ensure that detailed adequate protections and safeguards are put in place to minimise the identified risks.</p> <p><b>File Closing Risk Assessment:</b> At the end of each matter, I am responsible for completing a closing risk assessment and placing a copy on the file. If there are any causes for concern, especially should the client seek to make a formal complaint at the end of the case, I am to refer the matter to my supervisor and discuss the matter in more detail.</p>		
<b>Reflection and evaluation</b>		
Describe what you learnt from the activity you undertook to meet the Learning Outcome. You may want to complete this section at a later date once you have had time to reflect on your practice and experience.		

It is important to ensure that my files are maintained to a high standard. I am aware that files can be audited randomly in addition to monthly file audits. Therefore, it is important that I ensure that my files are complaint. It is also important to be aware that should myself or someone else in the team be absent for any reason, for example, an extended period of sick absence, my files can be picked up by any other fee earner in the care team and worked upon.

<b>Date work completed: (i.e. evidence date)</b>	28/01/2021
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<b>Applicant's Name</b> Please print name	<b>Applicant's signature</b> I confirm that the work within the evidence is my own work	<b>Date</b>
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	Click here to enter a date.
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<b>Supervisor's signature</b> I confirm that I supervised the applicant's work referred to within the logbook sheet and the evidence	<b>Date</b>
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	Click here to enter a date.
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## Client Information Form

The information that you provide on this form will help your solicitor to understand your situation and the issues that are most important to you. Please fill out as much of this form as you can before you see your solicitor. If you need some help completing this form, please ask at reception.

### Your Details

Full Name: [REDACTED] [REDACTED]

Address: [REDACTED] [REDACTED] [REDACTED]  
[REDACTED]

Post Code: [REDACTED] [REDACTED]

D.O.B: [REDACTED] - [REDACTED] - [REDACTED]

Telephone Number: [REDACTED] [REDACTED] [REDACTED]

Email Address: [REDACTED] [REDACTED] @ [REDACTED] [REDACTED]

Would you like this address and telephone number to be kept confidential?

Yes  No

National Insurance Number: \_\_\_\_\_

Where did you hear about us?

Referral Family/Friend  Professional Referral  Social Media

Internet Search  Passing By  Leaflet  Other LOCAL AUTHORITY.

Relationship Status:  Single  Married/Cohabiting  Separated

Employment Status:  Employed  Homemaker  Retired

Unemployed  Self - Employed



Do you receive any benefits?  Yes  No

If so,  Child Tax Credit  Working Tax Credit

JSA (Contribution Based)  Income Support/JSA (Income Based)

Child Benefit  Incapacity Benefit  Universal Credit  Other

Please provide the full name of the other individual involved in the matter you wish to discuss (e.g. partner, former partner):

[REDACTED]

**Issues that are of concern to you today**

Are there issues you want to discuss with your solicitor related to:

Your spouse  Your former spouse  Your partner

Your former partner  Other relative

If so, please tick which of the following apply to you:

**Your children/grandchildren**

Where they should live  Abduction  Contact with them

Schools  Parental Responsibility  Their Welfare

**Financial Issues**

Immediate financial support  Houses/Assets  Child Support

Bank accounts  Debt  Wills  Welfare Benefits

**Housing or Accommodation**

Who will remain in the family home  Contents of the home

Sale/transfer of the family home

It would help your solicitor if you could identify the three most important issues to you at this time:

One: CARE PROCEEDINGS

Two:

Three:

Do you need any help or advice in respect of non-family issues?  Yes  No

[REDACTED]

## CLIENT INFORMATION FORM (CONTINUED) CARE

Relevant medical condition/history and GP's details (n.b. authority): \_\_\_\_\_

Details of Spouse/Cohabitee: \_\_\_\_\_

Children's Details:

Full Name	Sex M/F	DOB	Parents	Where/With Whom	School/Education	Special Needs
[REDACTED] [REDACTED]	F	[REDACTED]	[REDACTED] [REDACTED]	PARENTS CARE	N/A	N/A.



Who has Parental Responsibility? \_\_\_\_\_

Details of client's current accommodation: \_\_\_\_\_

Flat  House

Rented  Owned

Who else lives there? \_\_\_\_\_

Any relevant issues re: accommodation/other occupants? \_\_\_\_\_

Has client a history of Social Services involvement? If so, details: \_\_\_\_\_

**LOCAL AUTHORITY DETAILS**

Name: \_\_\_\_\_

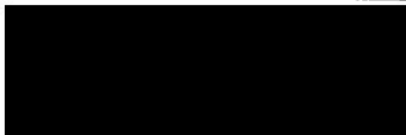
Social Worker: \_\_\_\_\_

Reasons for involvement: \_\_\_\_\_

Is client legally aided  or privately paying

Proof of income/identity/SOM set up? \_\_\_\_\_

Has a referral been made for any legal advice in other areas of law and referral form sent to admin? \_\_\_\_\_



# CARE REVIEW SHEET

<b>CLIENT:</b> [REDACTED]	
<b>CONFLICT CHECK</b> Date & Initials	28.01.2021
<b>FUNDING CODE</b>	E02
<b>MATTER CODE</b>	FAMILY ALOP
<b>RISK Y/N</b>	Code

<b>LEGAL AID CERTIFICATE REF:</b> [REDACTED]		
	<b>DATE</b>	<b>AMOUNT</b>
LH BILL		
CERT LIMIT	29.1.2021	£25,000
CERT LIMIT		
CERT LIMIT		

<b>APPLICANT</b> [REDACTED] EMAIL [REDACTED]	<b>SOLICITOR FOR THE 4<sup>TH</sup> RESPONDENT</b> EMAIL [REDACTED]
<b>SOLICITOR FOR THE 1<sup>ST</sup> RESPONDENT</b> [REDACTED] EMAIL [REDACTED]	<b>SOLICITOR FOR THE 5<sup>TH</sup> RESPONDENT</b> EMAIL [REDACTED]
<b>SOLICITOR FOR THE 2<sup>ND</sup> RESPONDENT</b> FATUERI - [REDACTED] EMAIL [REDACTED]	<b>CHILDREN'S GUARDIAN</b> [REDACTED] EMAIL [REDACTED]
<b>SOLICITOR FOR THE 3<sup>RD</sup> RESPONDENT</b> [REDACTED] EMAIL [REDACTED]	<b>SOLICITOR FOR THE GUARDIAN</b> [REDACTED] EMAIL [REDACTED]

ADVISE LETTERS	DATE
CLIENT CARE	18.05.2021
TERMS OF ENGAGEMENT	18.05.2021
CARE LETTER	18.05.2021

BILLS/DISBURSEMENTS		
DATE	AMOUNT PAID	PAYEE

FILE REVIEWS	
DATE	REVIEWER

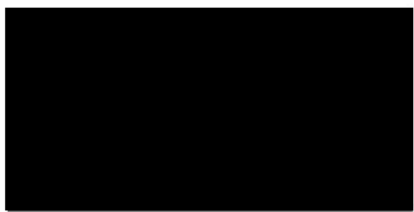
# FILE CHECKLIST

Client name: [REDACTED]

Client ref: [REDACTED]

Action	YES	NO	N/A
Client info sheet completed			[REDACTED]
Review sheet completed	✓		[REDACTED]
Risk assessment signed off	✓		[REDACTED]
Legal Aid application signed/submitted/money on account			[REDACTED]
Paper documents in relevant folders	✓		[REDACTED]
Client care letter	✓		[REDACTED]
Terms of Engagement	✓		[REDACTED]
Fact sheet	✓		[REDACTED]
Key date form	✓		[REDACTED]
Notice of Acting	✓		[REDACTED]
Notice of Issue	✓		[REDACTED]
Experts – client notified and LOI sent	✓		[REDACTED]
Counsel – client notified with CV and comments invited	✓		[REDACTED]
3 <sup>rd</sup> Part Evaluation form completed	✓		[REDACTED]
Undertakings recorded	✓		[REDACTED]
Costs – likely disbursement set out	✓		[REDACTED]
- inclusive of VAT	✓		[REDACTED]
- at start of case	✓		[REDACTED]
- every 8 months	✓		[REDACTED]
- whenever significant expenditure due to be incurred	✓		[REDACTED]
Final outcome letter to client	✓		[REDACTED]
File closing letter	✓		[REDACTED]
Closing risk assessment signed off	✓		[REDACTED]





### CLOSING RISK ASSESSMENT

CLIENT'S NAME: [REDACTED] [REDACTED]

(For completion by all file owners)

Have the client's objectives been met?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no, please comment on the reasons for this :		
Please confirm whether the client is likely to complain and/or whether there are any circumstances that may give rise to a negligence claim	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, please provide details and confirm that you have notified your supervisor.		

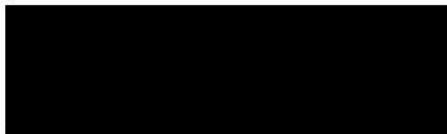


Signed : .....  
Dated : ..... 21-07-2021 .....

**NEW MATTER RISK ASSESSMENT**

Client Name:	[REDACTED]
Matter Reference :	[REDACTED]
Date Form Completed:	28 - 01 - 2021

		Yes	No	N/A
1.	The firm possesses the technical expertise to deal with the matter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	The department/firm has the capacity to deal with the matter within the timetable required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.	There is no reason to suspect the client is acting bona fides or the legality of the instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.	The risks involved are acceptable and within our professional indemnity cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.	The client is a resident of the United Kingdom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.	The matter involves no foreign jurisdictional issues or foreign element	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7.	Satisfactory arrangements have been made to secure payment of our fees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Where the firm has had experience of handling work for the client, no problems were encountered including claims or complaints	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	Where the firm has handled work for the client previously, there was no conflict between the client's expectations and the result, service, timescales and the cost of the case	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	There is no evidence to suggest that the client may threaten or disturb the peace of mind of members of staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11.	There is no conflict of interest	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12.	Where the file has been transferred from another firm of solicitor, there are no procedural or client care issues which could affect who has responsibility for the case	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13.	The client's identity has been verified in accordance with the firm's procedures and recorded on the file	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	There is no evidence of parental alienation/this is not a 'no contact' case	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15.	A Freezing Order is not required	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16.	The assets have a value of less than £500,000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17.	I am the most appropriate fee earner to undertake the work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Where answers to the above questions are YES or N/A.

I confirm that the above answers are correct

Signed...  
.....

Dated..... 28-01-2021  
(Fee earner)

Where any answers to any of the above questions are NO, please consult your supervisor for authorisation to accept the instructions.

I do/do not authorise that instructions may be accepted on this matter.

Signed. ....

Dated .....  
(Supervisor)

