

## REVALIDATION OF MILITARY INJURY SPECIALIST STATUS

PERSONAL DETAILS OF CANDIDATE		PERSONAL DETAILS OF APPRAISER	
Surname		Surname	
First names		First names	
Name of firm		Name of firm	
Address		Address	
APIL membership no		APIL membership no (if appropriate)	
Signed		Relationship of appraiser to candidate	
Date			

### 1. Involvement with personal injury work

I confirm that:	Initials
<ul style="list-style-type: none"> <li>• the candidate continues to be engaged in military injury work, which is predominantly for the claimant</li> </ul>	

### 4. Professional development to enhance knowledge and skills

The following are regarded as behaviours demonstrating effective professional development and self-awareness:

- You are active in keeping up to date with developments in military injury law, through reading journals and participation in conferences and training, and you are always willing to share your expertise with colleagues.
- You play an active part in the work of military injury charities, such as Help for Heroes and Forces Law, as a means of maintaining professional contacts in the field, and of contributing to the work of such organisations.

I confirm that:	Initials
<ul style="list-style-type: none"><li>the candidate continues to display the above behaviours.</li></ul>	

### 8. File review

I confirm that:	Initials
<ul style="list-style-type: none"><li>I have reviewed a sample of the military injury files of the candidate and I have found the advice offered to clients to be adequate and appropriate.</li></ul>	

## CONCLUSION

I have conducted a face-to-face appraisal with the candidate and I have reviewed with him/her the quality of their professional work in military injury, as evidenced by the files for which he/she has been responsible over the past five years, and feedback on these; and his/her participation in continuing professional development.

In the light of this review:

EITHER\*

	Signed	Date
I recommend that the candidate be revalidated by APIL as an Accredited Military Injury Specialist		

OR\*

I cannot recommend revalidation because:	Signed	Date
<ul style="list-style-type: none"><li>• My review of the candidate's military injury files discloses inadequate or inappropriate advice to clients, anonymised details of which are given on the attached sheet.</li></ul>		
<ul style="list-style-type: none"><li>• I am not satisfied that those of the behaviours above, which I have <u>not</u> initialled, are adequately displayed in relation to the candidate's military injury work, for the reasons given on the attached sheet.</li></ul>		
<ul style="list-style-type: none"><li>• The candidate no longer undertakes a sufficient amount of military injury work to provide evidence of effective deployment of the behaviours above.</li></ul>		

\*Delete as appropriate