

# Annex B

## An example of the consultees' assessment form

### RECORDER COMPETITION

Name of Consultee: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Chambers/Firm: \_\_\_\_\_

Circuit for which applicant has applied: \_\_\_\_\_

- PLEASE STATE HOW YOU KNOW THE APPLICANT:
- PLEASE INDICATE WHETHER THE VIEWS EXPRESSED BELOW ARE YOUR VIEWS ALONE OR THOSE OF YOURSELF AND OTHERS:

MINE  MINE AND OTHERS  How Many (including yourself)

IF THE LATTER PLEASE INDICATE ANY AREAS OF DISAGREEMENT AND/ OR RECONCILIATION OF VIEWS CONTAINED IN THE DESCRIPTION BELOW

	<p><b>Legal Knowledge &amp; Experience</b></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>Highest&lt;-----&gt;Lowest</p>
<p>Comment: – (sound judgment, intellectual and analytical ability, decisiveness, communication and listening skills and authority and case management skills)</p>	<p><b>Skills and Abilities</b></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>Highest&lt;-----&gt;Lowest</p>
<p>Comment: – (integrity and independence, fairness and impartiality, understanding of people and society, maturity and sound temperament, courtesy and humanity, commitment, conscientiousness and diligence)</p>	<p><b>Personal Qualities</b></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>Highest&lt;-----&gt;Lowest</p>
<p>① Exceptionally well fitted for appointment                  ② Likely to make a first class Recorder but who is not quite in the top category                  ③ Would make an adequate and reliable Recorder                  ④ Unlikely to be fitted this year but who may become fitted in the future                  ⑤ Fails to demonstrate the criteria to an acceptable level and is therefore unsuitable for appointment                  Any additional comments:-</p>	<p><b>Overall Marking</b></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>Highest&lt;-----&gt;Lowest</p>