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| **Raising a Fitness to Practise Concern about a Worker – Referral Form****(for use by members of the public)** |  |

Completing this form will give us the information we need to deal with your concern about the fitness to practise of a social worker or social care worker registered with NISCC (i.e. ‘Registrant). If you need help to complete the form, please contact our Fitness to Practise Team on 028 9536 2940 or email ftp@niscc.hscni.net If you do not know the answer to a question, just write “don’t know’.

**1. Your Details**

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| --- | --- |
| **Your Name** (Title, first name & last name) | **Please tick the box below that best describes who you are:** |
| **Address** |  | **I am the Service User** |
|  |  | **I am a relative/friend/carer of the Service User** |
|  |
|  |  | **Other Role**(please specify) |
|  | **Postcode** |
| **Daytime Tel No** |  | **If you are not the service user, tick this box to confirm they are aware you are raising this concern on their behalf & provide the service user’s details on an accompanying sheet.** |
| **Email**  |
| **Please indicate if we need to make any special arrangements when we contact you and provide additional detail below?** (e.g. interpreter, signer) | **Yes** | **No** |
|  |

**2. Details of the Registrant**

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| **Registrant’s full name**  |  |
| **Name of the Registrant’s Employer** |  |
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| **Details of where this Registrant works (or was working at the time of the incident)** |  |
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| **Registrant’s NISCC Registration Number** (if known) |  |
| **If you want to raise a concern about more than one Registrant, please tick this box and give their details on a separate sheet** |  |

NISCC is registered with the Information Commissioner. Data supplied by you on this form will be processed in accordance with the provisions of the Data Protection Act 1998

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| **Please indicate if you have reported your concerns to any of the following people?** |
| **The Registrant’s Employer** | Yes | No |
| **The Police** | Yes | No |
| **Another Person/Organisation** (please provide details) | Yes | No |
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**4. Your Concerns About the Registrant**

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| **Please describe your concerns about the Registrant. Tell us what happened; when and where the incident(s) occurred and the reasons why you think it was wrong for the Registrant to behave in the way you describe. Also tell us about the evidence you have to support your concerns, including the contact details of any witnesses to the incident(s). You can attach additional sheets to this form if you need to include more information.** |
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**5. Your Declaration**

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| * To the best of my knowledge, the information I have provided above is accurate.
* I understand that in order to investigate my concerns, the NISCC will need to share details with the Registrant(s) concerned, their employer(s) and other regulatory bodies as necessary.
* I understand that if this matter is referred to a public fitness to practise hearing, I may be called to give evidence.
 |
| **Signed** | **Date** |

**Return this form in confidence to:**

Head of Fitness to Practise, NISCC, 7th Floor Millennium House, 19-25 Great Victoria Street, Belfast BT2 7AQ

We can provide this leaflet in other formats such as large print, Braille, alternative languages (for those who are not fluent in English) or audio. Contact us if you need to request an alternative format. The leaflet is also available on the NISCC website at [www.niscc.info](http://www.niscc.info) .

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