

**Raising a Fitness to Practise concern about a Social Worker or Social Care Worker**

**Person who uses services/Member of the Public Referral Form**

## About this form

You should only use this form if you are a Service User, a Relative, Carer or friend of a Service User or a Member of the Public wishing to raise a concern about a social worker or social care worker.

## Guidance

We can consider concerns that are serious enough to raise doubts about whether the social worker or social care worker should be allowed to continue to practice either with some form of restriction on their practice, or at all. Further guidance can be found on our website [www.niscc.info](http://www.niscc.info/). If you wish to discuss your concern or if you need help to fill in this form, please contact the Fitness to Practise Team on 028 9536 2600 (option 3) or email us at [ftp@niscc.hscni.net](mailto:ftp@niscc.hscni.net).

## Completing the form

Please complete each section of the form in full. By providing as much information as possible will help us deal with the concern you are raising about the fitness to practise of a social worker or social care worker registered with the Social Care Council (i.e. ‘the Registrant’).

* If completing the form by hand, write your responses using clear legible handwriting;
* Sign or *( type your name in the signature box)* and date the form;
* Ensure you attach or enclose any supporting documentation you are sending with this referral;

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**You must use a separate form for each individual you wish to refer.**

## To return your form

You can return your form along with any additional or supporting documentation by email to [ftp@niscc.hscni.net](mailto:ftp@niscc.hscni.net). This is our preferred method. *Please note: large attachments may need to be sent separately.*

If you are unable to return your form by email, you can print it and send it by **post** to:

Fitness to Practise Team

Northern Ireland Social Care Council

4th Floor, James House 2 Cromac Avenue BELFAST, BT7 2JA

## \*Please ensure you have applied the correct postage otherwise we may not receive it\*

**What happens next?**

We will acknowledge receipt of your referral and that we are considering the information you have disclosed to us. We will then keep you informed about what is happening.

**For Social Care Council office use only**

|  |  |
| --- | --- |
| **Date Received** | Select date received here |

**Section 1 - About the Person you are referring to us**

**In order for us identify the person *(the registrant)* you wish to refer to us on our register, please provide as much detail as you can.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Registrant’s Full Name** | Enter registrants name here. | | | | |
| **Registrant’s registration number**  (if known) | Enter registration number here. | | | | |
| **Name and address of the Registrant’s Employer** | Enter name of organisation here | | | | |
| Address line 1. | | | | |
| Address line 2. | | | | |
| Address line 3. | | | | |
| **Town** | Enter Town/City here. | | **Postcode** | Enter postcode here. |
| **If different to above, please provide details of where the registrant was working at the time of the incident)** | Name of Organisation | | | | |
| Address Line 1. | | | | |
| Address Line 2. | | | | |
|  | **Town/City** | | Enter Town/City | **Postcode** | Enter Postcode. |

# Section 2 – About your concerns

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. You can provide details of any witnesses to the incident(s) in section 3.

|  |
| --- |
| **Start typing here to provide full details of your concern(s).** |

# Section 3 – Witnesses

Please tell us about anyone who witnessed the concerns you have raised and if possible, provide their contact details if you can. *If you have written statements from any of the witnesses you tell us about, you should send us copies of these however, you should make the witness aware that you are doing this.*

|  |  |
| --- | --- |
| **Name** | **Contact Details** |
| Enter name of witness here | Insert contact details here. |
| Enter name of witness here | Insert contact details here. |
| Enter name of witness here | Insert contact details here. |

# Section 4 – Other people or organisation’s you have reported your concerns to

In this section tell us about any other people or organisation(s) that is/are involved in the matter you are referring to us or that you have reported your concern to (eg: PSNI, Safeguarding, Health Trust, registrant’s employer etc.) Please provide contact details if you can but if you do not have these, just write ‘don’t know’.

|  |  |  |
| --- | --- | --- |
| Organisation | Contact Person | Contact Number |
| Enter organisation here | Enter name here | Enter contact number if known. |
| Enter organisation here | enter name here. | Enter contact number if known |
| Enter organisation here | enter name here. | Enter contact number if known |

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# Section 5 – Additional Documents

Please list all additional documents you are sending to us in support of this referral.

|  |  |
| --- | --- |
| **1.** | Click here enter text. |
| **2.** | Click here enter text. |
| **3.** | Click here enter text. |
| **4.** | Click here enter text. |

**Section 6 – About You**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your Full Name** | Enter your full name here. | | | |
| **Your Address** | Address Line 1. | | | |
| Address Line 2. | | | |
| Address Line 3. | | | |
| **Town** | Enter Town/City here. | **Post Code** | Enter Post Code. | |
| **Telephone Number** | Enter your telephone number. | | | |
| **Email address** | Enter your email addresss. | | | |
| **More About You - Please tick the box that best describes who you are:** | | | | |
| I am a Service User | | | |  |
| I am a Relative/Friend/Carer of the Service User | | | |  |
| I am a Member of the Public | | | |  |
| **If you are raising this concern on behalf of a service user, tick the box to confirm they are aware you are making this referral and consent for you to do so. You should also provide the Service User’s details below** | | | |  |
| Click here to enter details. | | | | |
| **If you require any special arrangements when we contact you,** *(e.g. interpreter, signer)* **please tell us what they are below** | | | | |
| Click here to enter details. | | | | |

# Section 7 – Your Declaration

* I declare that to the best of my knowledge, the information I have provided is accurate.
* I have read the Social Care Council Standard of Acceptance and Raising a Fitness to Practise Concern guidance.
* I understand that the Northern Ireland Social Care Council in the interests of openness and transparency, will inform the worker of who made the referral
* I understand that if this matter is referred to a public fitness to practise hearing, I may be called to give evidence.
* I understand that in order to investigate this matter, the Northern Ireland Social Care Council may need to share details with other relevant parties as appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** | Type or sign your name here | **Dated** | Click here to enter a date. |

## The Northern Ireland Social Care Council is the Data Controller for the purposes of the Data Protection Act 2018. Personal data supplied by you will be processed for the purposes of undertaking our statutory duties in respect of registered social care workers. The data may be disclosed to the social care worker, any additional employer(s), Social Work England, Social Care Wales, the Scottish Social Services Council, the Care Tribunal, other statutory and other regulatory bodies.