

**Reporting a Fitness to Practise Concern**

**Form for Employers**

About the Form

This form is for employers wishing to raise a fitness to practise concern about a registered worker. Please complete all relevant sections of the form in full.

**Guidance**

Please refer to our website [www.niscc.info](http://www.niscc.info) for information on our *Standard of Acceptance* and *Raising a Fitness to Practise Concern about a Registrant - Employer Guidance* before completing the form. 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).

Returning the 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). *Please note: large attachments may need to be sent separately.*

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

Fitness to Practise Team

Northern Ireland Social Care Council

7th Floor Millennium House

25 Great Victoria Street

BELFAST

BT2 7AQ

**For NISCC Office Use Only**

|  |  |
| --- | --- |
| Date Received | Click here to enter a date. |

**Section 1 – Details of the Social Care Worker**

|  |  |  |  |
| --- | --- | --- | --- |
| **Registrants Full Name** |  | | |
| **Registration Number** |  | | |
| **DoB** |  | **NI Number** |  |
| **Address Line 1** |  | | |
| **Address Line 2** |  | | |
| **Address Line 3** |  | | |
| **Town** |  | **Postcode** |  |

**Section 2 – Worker’s Employment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employing Organisation** |  | | |
| **Base/work location** |  | | |
| **Work Address Line 1** |  | | |
| **Work Address Line 2** |  | | |
| **Town** |  | **Postcode** |  |
| **Date worker started post** |  | **Job Title** |  |
| **Workers current employment status** | Choose an item. | **Date from** | Click here to enter a date. |
| Click here to enter text. | | | |

**Other Employment**

|  |  |
| --- | --- |
| **Have you been contacted for a reference from any other organisation? (if yes, provide details below)** | Choose an item. |
| Click here to enter text. | |
| **Are you aware of any other social care employment the worker holds? (if yes, provide details below)** | Choose an item. |
| Click here to enter text. | |

**Section 3 – About Your Concern(s)**

***Please note that this section will form the basis of the Council’s initial contact with the worker and will be shared with the worker. The form in its entirety may be disclosed to the worker as a consequence of a Data Protection or Freedom of Information request and it may be put before any Social Care Council Committee charged with considering allegations against the worker in which case the worker will have sight of all relevant documentation*.**

**Please tell us which category your concern*(s)* relate to** *(Tick all that apply)***:**

|  |  |
| --- | --- |
| **Misconduct -** [Complete section **3e**](#Section3e) |  |
| **Competence -** [Complete section **3e**](#Section3e) |  |
| **Health**  *Answer the health questions in* [*section* ***3a***](#Section3a)***and*** [*complete section* ***3e***](#Section3e) |  |
| **A Criminal Conviction, Caution, investigation or charge**  *Answer the questions in* [*section* ***3b***](#Section3b)***and***[*complete section* ***3e***](#Section3e) |  |
| **Inclusion on the Disclosure & Barring List**  *Answer the questions in* [*section* ***3c***](#Section3c) ***and***[*complete section* ***3e***](#Section3e) |  |
| **A Decision in relation to the worker’s fitness to practise by another regulator** Provide details in [section 3d](#Section3d) and complete [section 3e](#Section3e) |  |

**3a) Health -** If your concern(s) are health related, please answer the questions below and provide further detail in [section 3e](#Section3e).

*We are interested in whether a health condition limits the type of work that a social care worker can undertake and whether it limits his/her ability to undertake that work safely*

|  |  |
| --- | --- |
| **Does the Health Concern relate to one or more of the following? (tick all that apply)** | |
| * Seizures or loss of consciousness |  |
| * Ongoing Mental Health Issues |  |
| * Alcohol/Substance dependency/abuse |  |

|  |  |
| --- | --- |
| I**s the registrant undergoing any medical treatment?** | Choose an item. |
| **Have you referred the worker for an occupational health assessment?** | Choose an item. |
| **Are you aware of any reason why we should not contact the worker at this time?**  *(If you have answered ‘Yes’ to this question, please provide further details below)* | Choose an item. |
| Click here to enter text. | |
| **Have you put in place any measures or adjustments to support the worker’s practice?** | Choose an item. |
| Click here to enter text. | |

**3b) A Conviction/Caution –** if your concern(s) are in relation to a conviction/caution, criminal proceedings or investigation please tick all that apply in the list below and provide further detail in [section 3e](#Section3e).

|  |  |
| --- | --- |
| **Has the worker been found guilty of a criminal offence in the UK or any other country?** |  |
| **Has the worker received a formal caution, fixed penalty or been bound over in the UK or any other country?** |  |
| **Has the worker a formal charge pending in the UK or any other country?** |  |
| **Are you aware of any ongoing investigation by social services and/or police in the UK or any other country?** |  |
| **Is the worker under investigation by social services and/or the police (in the UK or any other country) due to concerns about their care or treatment of a child or vulnerable adult in either work or home?** |  |

**3c)** **Inclusion on the Disclosure and Barring List -** if your concerns relate to the worker being included on the Disclosure and Barring List, please tick those that apply in the list below and provide further detail in [section 3e](#Section3e).

If you answer yes to any of these questions please provide the date of the Barring Decision

|  |  |  |
| --- | --- | --- |
| **Has the worker been barred from working with children only?** | Choose an item. | Click here to enter a date. |
| **Has the worker been barred from working with vulnerable adults only?** | Choose an item. | Click here to enter a date. |
| **Has the worker been barred from working with both children/vulnerable adults?** | Choose an item. | Click here to enter a date. |

**3d)** **A decision relating to the registrant’s fitness to practise by another regulator -** If your concerns relate to a decision by another regulator please provide the details in the box below and if you have any additional information tell us in [section 3e](#Section3e).

|  |  |
| --- | --- |
| **Regulatory Body** |  |
| **Decision** |  |
| **Date of Decision** |  |

**3e)** **About your Concern(s)**

Please use this section to provide full details of the matter(s) that have led to this referral.

|  |
| --- |
| Click here to enter text. |

**Section 4 Employer Investigation/Disciplinary Action/Appeal Proceedings**

|  |  |
| --- | --- |
| **What stage are your current internal proceedings at?** | Choose an item. |
| **Please provide further detail, including what the next steps are (if any). If there are other factors delaying your internal processes, please outline what they are in the space below.** | |
| Click here to enter text. | |

**SECTION 5 - Assessment of Risk**

***Note: It is important to complete this section and provide as much detail as possible to enable the Council to determine if an Interim Order is necessary***

|  |  |
| --- | --- |
| **Has the worker made any admissions regarding the allegation?**  *(If you have answered ‘****Yes’*** *to this question tell us about the admissions below)* | Choose an item. |
| Click here to enter text. | |
| **Have you previously taken any formal or informal disciplinary action against the worker or has there ever been any allegation of a similar nature made against the worker?**  *(If you have answered ‘****Yes’*** *to this question tell us about this (below)* | Choose an item. |
| Click here to enter text. | |
| **Please comment below on the harm or risk of harm that was posed by the worker’s actions including any direct harm caused to any service users as a result of the worker’s actions** | |
| Click here to enter text. | |

**Section 6 – Witnesses**

Please list any witnesses who can support the concerns raised. Staff members and service users will be contacted via the referrer in the first instance. Please note that witnesses may be called to give evidence at a Fitness to Practise Hearing. Guidance for witnesses is available on the social Care council Website <https://niscc.info/information-for-witnesses/>

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Witness** | **Role/Job Title** | **Location/Contact Details** | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
| **Have any of the named witnesses sought protected disclosure status under whistleblowing procedures?** | | | Choose an item. |

**Section 7 – Safeguarding Investigations**

|  |  |  |
| --- | --- | --- |
| **Has the concern been reported to the Safeguarding Team**  *(if yes, answer the questions below)* | | Choose an item. |
| **Date Reported to Safeguarding** | | Click or tap to enter a date. |
| **Screening Outcome** | | Choose an item. |
| **Trust** | Choose an item. | |
| **Contact Person (if available)** |  | |
| **Telephone number (if available)** |  | |
| **Email Address (if available)** |  | |

**Section 8 - Other Organisations**

Please tell us about any other organisation(s) is/are involved in this matter, (eg. PSNI, RQIA, other regulatory body)

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| --- | --- |
| **Organisation** | **Named Contact Details** |
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|  |  |
|  |  |

**Section 9 - DBS Referral**

**Protection of Children and Vulnerable Adults**

The Safeguarding Vulnerable Groups (NI) Order 2007 places a requirement on organisations to refer to the Disclosure and Barring Service those individuals who have harmed or placed at risk of harm, a child or vulnerable adult. Please complete the following:-

|  |  |  |
| --- | --- | --- |
| **Have you made a referral to the Disclosure & Barring Service?** | Choose an item. | Click here to enter a date. |
| **If not- Please state the reason(s) for not making a referral to the Disclosure & Barring Service**  Click here to enter text. | | |

**Section 10 – Disclosures**

|  |  |
| --- | --- |
| **Is the worker aware that you are making a referral to the Social Care Council?** | Choose an item. |
| Click here to enter text. | |
| **If there any reason why the Council should NOT inform the worker about the details of the allegation at this stage (eg due to PSNI/joint protocol restrictions) please tell us below** | |
| Click here to enter text. | |

**Section 11 – Supporting Documents**

Please list all documents you are enclosing in support of this referral. (*Supporting documents can include note, reports and transcripts, witness statements, disciplinary documentation and correspondence).*

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |

**Section 12 – Your Details**

Please provide your details as the person making the referral. *Please note that an email address is required*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** |  | | | |
| **Designation** |  | | | |
| **Organisation** |  | | | |
| **Address Line 1** |  | | | |
| **Address Line 2** |  | | | |
| **Town** |  | **Postcode** |  | |
| **Email (REQUIRED)** |  | | | |
| **Telephone Number** |  | **Extension No.** | |  |

**Section 13 – 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 about a Registrant - Employer Guidance

I understand that the Standards of Practice for Employers of Social Workers and Social Care Workers obliges me to co-operate with the Social Care Council’s investigation and any subsequent proceedings.

I understand that in order to investigate this matter the Northern Ireland Social Care Council will need to share details with the registrant concerned and may also need to share with other relevant parties as appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **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.**