

**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 NI Social Care Council Office Use Only**

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

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

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| --- | --- | --- | --- |
| **Registrants Full Name** | Click here to enter Full Name. | | |
| **Registration Number** | Enter Registration Number | | |
| **DoB** | dd/mm/yyyy | **NI Number** | Enter NI Number |
| **Address Line 1** | Enter home address line 1 | | |
| **Address Line 2** | Enter home address line 2 | | |
| **Address Line 3** | Enter home address line 3 | | |
| **Town** | Enter town/city | **Postcode** | Enter postcode |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employing Organisation** | Enter name of employing organisation here. | | |
| **Base/work location** | Enter work location here. | | |
| **Work Address Line 1** | Address line 1 here. | | |
| **Work Address Line 2** | Address line 2 here. | | |
| **Town** | Enter Town or City here. | **Postcode** | enter postcode here. |
| **Date worker started post** | dd/mm/yyyy. | **Job Title** | enter Job Title here. |
| **Workers current employment status** | Choose an answer. | **Date from** | Click here to enter a date. |
| If you answered ‘other’ to the question above or the worker is on restricted duties, provide details here. | | | |

**Other Employment**

|  |  |
| --- | --- |
| **Have you been contacted for a reference from any other organisation? (if yes, provide details below)** | Choose an answer. |
| If you answered ‘yes’ to the above question, click here to provide detail. | |
| **Are you aware of any other social care employment the worker holds? (if yes, provide details below)** | Choose an answer. |
| If you answered ‘yes’ to the above question, provide detail here. | |

**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 | ☐ |

|  |  |
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| I**s the registrant undergoing any medical treatment?** | Choose an answer. |
| **Have you referred the worker for an occupational health assessment?** | Choose an answer. |
| **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 answer. |
| If you answered ‘yes’ to the above question, provide further details here. | |
| **Have you put in place any measures or adjustments to support the worker’s practice?** If ‘yes’ tell us about these in the box below | Choose an answer. |
| If you answered ‘yes’ to the above question, provide further details here. | |

**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).

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| --- | --- |
| **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 answer. | Click here to enter a date. |
| **Has the worker been barred from working with vulnerable adults only?** | Choose an answer. | Click here to enter a date. |
| **Has the worker been barred from working with both children/vulnerable adults?** | Choose an answer. | 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** | Enter Regulatory Body Name here . |
| **Decision** | Enter Regulatory Body decision here. |
| **Date of Decision** | dd/mm/yyyy |

**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 provide full details of the concern you are raising. |

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

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| --- | --- |
| **What stage are your current internal proceedings at?** | Choose an answer. |
| **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.** | |
| Provide additional detail here. | |

**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 answer. |
| If you have answered ‘yes’ to the question above, provide additional detail here. | |
| **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 answer. |
| If you have answered ‘yes’ to the above question, provide additional detail here. | |
| **Please comment below on the harm or risk of harm that was posed by the worker’s action’s including any direct harm caused to any service users as a result of the worker’s actions** | |
| Click here to provide comments. | |

**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** | |
| Click to enter name of witness. | Click to enter witness role/job title. | Click to enter contact details of witness. | |
| Click to enter name of witness | Click to enter witness role/job title. | Click to enter contact details of witness | |
| Click to enter name of witness | Click to enter witness role/job title. | Click to enter contact details of witness | |
| Click to enter name of witness | Click to enter witness role/job title. | Click to enter contact details of witness | |
| **Have any of the named witnesses sought protected disclosure status under whistleblowing procedures?** | | | Choose an answer |

**Section 7 – Safeguarding Investigations**

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

**Section 8 – Other Organisations**

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

|  |  |
| --- | --- |
| **Organisation** | **Named Contact Details** |
| Click to enter organisation name | Click to enter name and contact details. |
| Click to enter organisation name. | Click to enter name and contact details.. |
| Click to enter organisation name. | Click to enter name and contact details.. |

**Section 9 – Disclosure & Barring Service (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 answer. |
| **If you answered yes to the above question, please provide the date you made the referral.** | Click here to enter a date. |
| **If you have not made a referral to the Disclosure & Barring Service please state the reason below** | |
| Click here to tell us the reason you have not made a referral to DBS. | |

**Section 10 - Disclosures**

|  |  |
| --- | --- |
| **Is the worker aware that you are making a referral to the Social Care Council?** If not, please tell us the reason in the box below. | Choose an answer. |
| Click here to tell us the reason the worker is not aware of the referral you have made. | |
| **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 tell us of any reason we should not inform the worker of the details of the allegation at this stage. | |

**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.** | Enter document name here. |
| **2.** | Enter document name here. |
| **3.** | Enter document name here |
| **4.** | Enter document name here |
| **5.** | Enter document name here. |

**Section 12 – Your Details**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** | Click here to enter your full name. | | | |
| **Designation** | Click here to enter your designation. | | | |
| **Organisation** | Click here to enter your organisation name. | | | |
| **Address Line 1** | Click here, address line 1 | | | |
| **Address Line 2** | Click here, address line 2. | | | |
| **Town** | Click here to enter town or city. | **Postcode** | Click here to enter postcode. | |
| **Email (REQUIRED)** | Click here to enter your email address. | | | |
| **Telephone Number** | Click here to enter your telephone number. | **Extension No.** | | Enter your telephone extension number here |

**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** | 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.**