

## About this Form

You should only use this form if you are a registered social worker/social care worker or healthcare professional wishing to raise a concern about another social worker or social care worker. If you are a manager with responsibility for the worker please refer to the section on our website '*I am an employer or manager*' and use the employer referral form.

## Guidance

In accordance with the Standards of Conduct and Practise you must meet your own responsibility for service user safety. You must bring to the attention of your employer or us, without delay, where the practice of colleagues may be unsafe or adversely affecting standards of care. Further guidance can be found on our website [www.niscc.info](http://www.niscc.info).

If you are unsure about whether we need to be informed or would like to discuss the matter, contact us and we can provide advice on a case by case basis. You can also contact us if you require assistance in completing this form or you require the form in an alternative format.

## Completing the form

- You should complete all relevant sections of the form **in full**
- If completing the form by hand, write your responses using BLOCK CAPITALS or in clear, legible handwriting
- If you need more space for further information, write or type a summary in each box, attach additional information separately and reference this specifically in each box on this form, e.g. the relevant document/ page nos. ***Please do not simply write 'see attached'***. *Please note that some of the text boxes have a character limit, if you run out space, try removing extra lines or spaces.*
- Sign and date the form if completed by hand, or type your full name in the signature box, date and save the form if completing electronically.
- You should use a separate form for each individual you wish to refer

## To submit your form

You can submit 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 submit your form by email, you can print it and send it by **post** to

Northern Ireland Social Care Council  
Fitness to Practise  
7th Floor, Millennium House  
25 Great Victoria Street  
BELFAST BT2 7AQ

**\*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.

## Section 1 - About You

<b>Your Full Name</b>			
<b>Your Designation</b>			
<b>Address</b>			
<b>Town</b>		<b>Post Code</b>	
<b>Registration Number</b>			
<b>Telephone Number</b>			
<b>Email address</b>			
<b>Your Employment Details</b>			
<b>Organisation Name</b>			
<b>Address</b>			
<b>Town</b>		<b>Post Code</b>	
<b>Telephone Number</b>			

### Whistleblowing and Anonymous Referrals

Employers will have whistleblowing policies in place to afford protection under legislation for anyone who wishes to raise a concern. If you wish to make an anonymous referral you can still do so, however please be advised that we will not be able to provide you with any updates regarding the matter.

<b>Are you making this referral under the whistleblowing policy?</b>	Yes	No
<b>Do you wish to remain anonymous?</b>	Yes	No

## Section 2 – About the Social Care Worker you are referring to us

To help us identify the person you are making a referral about on our register, please provide as much detail about the social worker/social care worker as you can.

<b>Full Name</b>			
<b>Registration Number</b> (if known)		<b>DoB</b> (if known)	
<b>Address</b> (if known)			
<b>Town</b>		<b>Post Code</b>	
<b>Job Title/Role</b>			

**About the Social Care Worker you are referring to us (con't)**

Is the social worker/social care worker aware that you are making this referral?	Yes	No
<p><b>Please tell us, in what capacity do you know the social worker/social care worker or how you have become aware of the worker you are referring to us in the box below. <i>If you need additional space, please give a summary and continue on a separate sheet.</i></b></p>		
<div style="border: 1px solid black; height: 140px;"></div>		

**About the Social Care Worker’s Employer**

We will engage with the social care worker’s employer when considering the information you have told us about and you should consider making them aware of the concerns you have (*if you have not done so already*) before making this referral. Please provide us with details about where the registrant works (*or was working at the time of the incident*) below:

<b>Organisation Name</b>			
<b>Address</b>			
<b>Town</b>		<b>Post Code</b>	
<b>Contact Person, Name &amp; Designation</b> (e.g, Manager, HR Person)			
<b>Contact Telephone Number</b>			
<b>Contact email address</b>			

<p><b>Is the worker’s employer aware that you are making this referral?</b> (<i>if you answer no, please tell us why you don’t feel you can involve them or if you answer yes, tell us who you informed, when you informed them and any response you have received in the box below. If you need additional space, please use a separate sheet.</i>)</p>	<p>Yes</p> <p>No</p>
<div style="border: 1px solid black; height: 150px;"></div>	

### Section 3 – About your concerns

Use this section to provide as much detail in relation to the concern you are raising as you can. You should tell us about the nature of the incident(s), when and where the incident(s) occurred, dates and times if possible, who was involved and if the actions of the worker caused any risk or harm to a service user. You can provide details of any witnesses in section 4. If you require more space please provide a summary below and provide the additional detail on a separate sheet. You should reference any additional pages here.

## Section 4 - Witnesses

Please tell us about anyone who witnessed the concerns you have raised and if possible, provide their contact details. *If you need to tell us about more than 4 witnesses, please tell us on a separate sheet and tick this box*

Where there any witnesses to the incident(s) If 'yes' please provide us with their details below:			Yes	No
Name	Role	Location/Contact Details		

*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.*

## Section 5 - Other Investigations

Please provide details of any other 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, etc.) Please provide contact details if you can. *If you need to tell us about more than 3 organisations, please tell us on a separate sheet and tick this box*

Have you reported you concerns to any other agency(s)? If 'yes' please tell us who which organisation you reported you concerns to and if possible, provide us with a named contact person and telephone number				Yes	No
<b>Organisation</b>					
<b>Contact Person</b>		<b>Contact Number</b>			
<b>Organisation</b>					
<b>Contact Person</b>		<b>Contact Number</b>			
<b>Organisation</b>					
<b>Contact Person</b>		<b>Contact Number</b>			

## Section 6 – 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 Standards of Conduct and Practice for 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 the Northern Ireland Social Care Council in the interests of openness and transparency, will inform the worker of who made the referral, unless it has been made under the Whistleblowing Policy.

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.

<b>Signed</b>		<b>Dated</b>	
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**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.**

### Checklist

<b>I have completed the relevant sections of the form</b>		
<b>I have signed and dated the form</b>		
<b>I have enclosed/attached additional pages and/or supporting documents</b> <i>(please list each document below. It will allow us to check that we have received all the documents you have sent.</i>		Yes N/a
1.		
2.		
3.		
4.		
5.		
6.		

### For Office Use

Date Received
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