**Making a fitness to practise referral about another Social Worker or Social Care Worker to the Northern Ireland Social Care Council**

About this Form

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 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**

* You should complete all relevant sections of the form **in full**. Incomplete or insufficient information *may* result in your form being returned;
* If completing the form by hand, write your responses using clear, legible handwriting;
* Sign and date the form;
* You must use a separate form for each individual you wish to refer

**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 return 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

**\*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 |

**Section 1 – 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | Enter full name here. | | |
| **Registration Number** (if known) | Enter registration number here . | **DoB** *(if known)* | dd/mm/yyyy. |
| **Address** (if known) | Address Line 1. | | |
| Address Line 2. | | |
| **Town** | Enter Town or City. | **Post Code** | Enter postcode here. |
| **Job Title/Role** | Enter job title or role here. | | |
| **Is the social worker/social care worker aware that you are making this referral?** | | | Yes  No |
| **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.** | | | |
| Start typing here to tell us how you know the social worker/social care worker | | | |

**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**:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation Name** | Enter name of employing organisation here. | | |
| **Address** | Address Line 1 | | |
| Address Line 2. | | |
| Address Line 3. | | |
| **Town** | Enter Town or City. | **Post Code** | Enter postcode here. |
| **Contact Person, Name & Designation** | Enter contact person details here. | | |
| **Contact Telephone Number** | Enter daytime telephone number here | | |
| **Contact email address** | Enter email address here. | | |

|  |  |
| --- | --- |
| **Is the worker’s employer aware that you are making this referral?**  *if you answer* ***yes****, tell us below who you informed, when you informed them and any response you have received*  *if you answer* ***no****, please tell us below why you don’t feel you can involve them* | Yes  No |
| Provide additional information to the question above here. | |

**Section 2 – 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 3.

|  |
| --- |
| Start typing here to tell us about your concern. |

**Section 3 - Witnesses**

Please tell us about anyone who witnessed the concerns you have raised and if possible, provide their 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.*

|  |  |  |
| --- | --- | --- |
| **Name** | **Job Title/Role** | **Location/Contact Details** |
| Full name of witness | Type role here. | Provide contact details here. |
| Full name of witness | Type role here. | Provide contact details here. |
| Full name of witness | Type role here. | Provide contact details here. |

**Section 4 - 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.

|  |  |  |
| --- | --- | --- |
| **Organisation** | **Contact Person** | **Contact Number** |
| Type organisation name here. | Type name here. | Type number here |
| Type organisation name here. | Type name here. | Type number here |
| Type organisation name here. | Type name here. | Type number here |

**Section 5 – Additional Documents**

Please list all documents you are enclosing in support of this referral.

|  |  |
| --- | --- |
| **1.** | Enter name of document here. |
| **2.** | Enter name of document here. |
| **3.** | Enter name of document here. |

**Section 6 - About You**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Full Name** | Enter full name here. | | |
| **Your Designation** | Enter your designation here. | | |
| **Address** | Address Line 1 | | |
| Address Line 2. | | |
| **Town** | Town/City. | **Post Code** | Enter postcode here. |
| **Registration Number** |  | | |
| **Telephone Number** | Enter your contact telephone number here. | | |
| **Email address** | Enter your email address here. | | |
| **Your Employment Details** | | | |
| **Organisation Name** | Name of you employing organisation. | | |
| **Address** | Address Line 1. | | |
| Address Line 2. | | |
| **Town** | Town/City. | **Post Code** | Enter Postcode . |
| **Telephone Number** | enter your telephone number here. | | |

**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.

|  |  |
| --- | --- |
| **Are you making this referral under the whistleblowing policy?** | Yes No |
| **Do you wish to remain anonymous**? | Yes No |

**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 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.

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