

## About this Form

You should only use this form if you are a Registrant wishing to self-declare any of the matters listed in the guidance below.

## Guidance

You are required as part of the Standards of Conduct and Practise to inform us about anything that may impact your fitness to practise and should do so at the first reasonable opportunity. This may include any ill health that affects your ability to practise, criminal proceedings/investigation, disciplinary proceedings and any findings by other regulatory bodies or organisations to include inclusion of the Disclosure and Barring List. 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 require the form in a different 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'**.
- 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 can use the links in the form to go directly to sections you need to complete

## 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 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 that 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: Your Details

|                     |           |  |          |
|---------------------|-----------|--|----------|
| Full Name           |           |  |          |
| Registration Number |           |  |          |
| Date of Birth       |           |  |          |
| NI number           |           |  |          |
| Address             |           |  |          |
|                     |           |  |          |
|                     | Town/City |  | Postcode |
| Telephone Number    |           |  |          |
| Email Address       |           |  |          |

**\*It is important that the contact details we hold on our system are up to date. If the contact details you provide above differ to those we currently hold, we will update our system accordingly.**

## Section 2: Your Employment Details

It is likely that we will engage with your employer when considering the information you have disclosed to us and you should consider discussing the matter with your employer before making this referral. Please provide us with details about your current employer. If you are not currently employed, please provide details of your most recent social care employer.

|  |           |  |          |
|--|-----------|--|----------|
| Employing Organisation   |           |  |          |
| Work location  |           |  |          |
| Address  |           |  |          |
|  |           |  |          |
|  | Town/City |  | Postcode |
| Telephone number   |           |  |          |
| Email  |           |  |          |
| Contact Person (e.g. Manager)  |           |  |          |
| What is your current employment status?  |           |  |          |
| Do you have more than one social care employer?<br><i>If you answer yes to this question, provide details in <a href="#">section 5</a> (more about your disclosure).</i> |           |  |          |

### Section 3: About matter you wish to inform us about

In this section, you can tell us about the matter you wish to inform us about. You should answer the questions relating to your disclosure and provide additional detail in section 5. If the matter you are disclosing does not fit into any of the categories below, tell us about it in [section 5](#) 'More about your disclosure'.

Which category does the matter you wish to inform us about relate to? *(tick all that apply)*

|   |  |
|---|--|
| Health <a href="#">(complete section 3a)</a>  |  |
| Criminal Proceedings/Investigation <a href="#">(complete section 3b)</a>                                    |  |
| Inclusion on the Disclosure and Barring List <a href="#">(complete section 3c)</a>                          |  |
| Findings by another Regulatory Body or Organisation <a href="#">(complete section 3d)</a>                   |  |
| Disciplinary Investigation/Dismissal/Resignation during investigation <a href="#">(complete section 3e)</a> |  |
| <b>None of the Above</b> <a href="#">(tell us about the matter you wish in disclose in section 5)</a>       |  |

#### 3a - HEALTH

**If** the matter you are disclosing relates to your health, please answer the questions below and provide further detail in [section 5](#). We are interested in whether a health condition limits the type of work that you can undertake and whether it limits your ability to undertake that work safely.

**Does your health matter 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   |  |
| None of the above – tell us about your health condition in <b>section 5</b>  |  |
|  |  |
| Are you undergoing any medical treatment?<br><b><i>If you have answered 'yes' to this question, tell us about your treatment in section 5</i></b>  |  |
| Have you had a referral to occupational health for a health assessment?<br><b><i>If you have answered 'yes' to this question, please attach a copy of your occupational health report.</i></b> |  |

#### 3b - Criminal Proceedings/Investigation

**If** the matter you wish to disclose is related to criminal proceedings/investigation, please answer the questions below and provide further detail in [section 5](#).

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

### 3c – Inclusion on the Disclosure and Barring List

If you have been included on the Disclosure and Barring List, please indicate which group you have been barred from working with. If you have anything additional to tell us, you can do so in [section 5](#).

|  |  |
|--|--|
| I have been barred from working with children                            |  |
| I have been barred from working with vulnerable adults                   |  |
| I have been barred from working with both children and vulnerable adults |  |
| <b>Please tell us the date of the barring decision</b>                   |  |

### 3d - Findings by another Regulatory Body or Organisation in relation to your fitness to practice

If there has been a finding by another regulatory body please provide the details below. If you have anything additional to tell us, you can do so in [section 5](#).

|   |  |
|---|--|
| Name of Regulatory Body or Organisation   |  |
| Decision<br><b>Please attach a copy of the decision in relation to your fitness to practice</b> |  |
| Date of Decision  |  |

### 3e - Disciplinary Proceedings or Dismissal/resigned

If you are undergoing disciplinary proceedings, been dismissed or have resigned during disciplinary proceedings please answer the questions below. You can tell us more about this matter in [section 5](#).

|  |  |
|--|--|
| At what stage are the disciplinary investigation/proceedings at?   |  |
| Is there a Safeguarding and/or PSNI Investigation?<br>If your answer is 'yes' you can provide details in <a href="#">section 4</a> |  |
| If disciplinary proceedings have concluded, have you or are you appealing the decision?  |  |

## Section 4 - Other Investigations

Please provide details of any other organisation(s) that is/are involved in the matter you are disclosing to us (eg: PSNI, Safeguarding, Health Trust, etc.) if you can. If there is more than one organisation involved, you can provide these details on a separate sheet.

|   |  |
|---|--|
| <b>Organisation</b>                       |  |
| <b>Contact Person</b>                     |  |
| <b>Designation</b>                        |  |
| <b>Telephone number (if known)</b>        |  |
| <b>Email address (if known)</b>           |  |
| <b>Status of investigation (if known)</b> |  |

## Section 5 - More about your disclosure

Use this section to provide as much detail in relation to the disclosure you are making as you can.

For health conditions, please tell us how long you have had your condition, how your condition is being managed, the impact it has on your ability to carry out your duties at work (if any), if your employer knows about your condition and if your employer has put in place any measures to support you in carrying out your duties.

For criminal matters, please tell us about the nature of the incident, when and where the incident happened, if you have been charged, cautioned or convicted etc and any court dates with location. Please provide any contact details for the PSNI if you can. If you have already appeared in court, please tell us the outcome.

For disciplinary matters, please tell us about, the nature of the incident, where the incident occurred, who was involved and any investigation/disciplinary processes undertaken. Please give dates and times, where possible.

For anything else, please provide us with as much detail as you can about the matter you are disclosing. If you require additional space to tell us more about your disclosure, please do so on a separate sheet and provide a brief summary in the box below. ***Do not simply write 'see attached'***

## Section 6 – 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 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 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> |  |
|---------------|--|--------------|--|

**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 the following Documents (please list):</b> |  |
| 1.   |  |
| 2.   |  |
| 3.   |  |
| 4.   |  |
| 5.   |  |

### For Office Use

|                      |
|----------------------|
| <b>Date Received</b> |
|----------------------|