



Raising a Fitness to Practise concern about a Social Worker or Social Care Worker – Service User/Member of the Public Referral Form

About this form

You should only use this form if you are a Service User, a Relative, Carer or friend of a Service User or a Member of the Public wishing to raise a concern about a social worker or social care worker.

Guidance

We can consider concerns that are serious enough to raise doubts about whether the social worker or social care worker should be allowed to continue to practice either with some form of restriction on their practice, or at all. You can find further information on making a referral on our website www.niscc.info. If you are unsure about whether we need to be informed or would like to discuss the matter first, contact us and we can provide advice on a case by case basis.

Completing the form

Please complete each section of the form in full. By providing as much information as possible will help us deal with the concern you are raising about the fitness to practise of a social worker or social care worker registered with the Social Care Council (i.e. 'the Registrant'). If you need help to complete the form, or require the form in an alternative format please contact our Fitness to Practise Team.

- 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 the relevant box and attach additional information on a separate sheet;
- Sign and date the form if completed by hand, or type your full name in the signature box, date and save the form if you are completing it electronically;
- **You must 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. 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

Your Full Name			
Your Address			
Town		Post Code	
Telephone Number			
Email address			
More About You - Please tick the box that best describes who you are:			
I am the Service User			
I am a Relative/Friend/Carer of the Service User			
I am a Member of the Public			
If you are raising this concern on behalf of a service user, tick the box to confirm they are aware you are making this referral and consent for you to do so. You should also provide the Service User's details on an accompanying sheet			
If you require any special arrangements when we contact you, (e.g. interpreter, signer) please tell us what they are below			

Section 2 - About the Person 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.

Registrant's Full Name	
Name and address of the Registrant's Employer	
If different to above, please provide details of where the registrant was working at the time of the incident)	
Registrant's registration number (if known)	

Section 3 – Other people or organisation’s you have reported your concerns to

In this section you can tell us about any other people or 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, registrants employer etc.) Please provide contact details if you can but if you do not have these, just write ‘don’t know’. If you need to tell us about more than two organisations, please use a separate sheet.

Have you reported you concerns to another person or any other organisation’s <i>If ‘yes’ please tell us who or which organisation you reported you concerns to and <u>if you can</u>, provide us with a named contact person and telephone number.</i>			Yes
			No
Organisation			
Contact Person		Contact Number	
Organisation			
Contact Person		Contact Number	

Section 4 – About your concerns

Please describe your concerns about the Registrant. Tell us what happened; when and where the incident(s) occurred and the reasons why you think it was wrong for the Registrant to behave in the way you describe. Also tell us about the evidence you have to support your concerns, including the contact details of any witnesses to the incident(s). You can attach additional sheets to this form if you need to include more information.

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 Northern Ireland Social Care Council in the interests of openness and transparency, will inform the worker of who made the referral
- I understand that if this matter is referred to a public fitness to practise hearing, I may be called to give evidence.
- 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		Date	
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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

I have completed the relevant sections of the form		
I have signed and dated the form		
I have enclosed/attached additional pages and/or supporting documents <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.		

For Office Use

Date Received
