

NON EMPLOYER - PROFESSIONAL ORGANISATION OR AUTHORITIES REFERRAL FORM

About this Form

This form is for use by individuals making a referral on behalf of a professional organisation e.g. Universities, Other Regulatory Bodies or Authorities where the organisation is not the employer and there is no employment relationship with the social worker, social care worker or social work student.

Guidance

Whether or not you should tell us about a concern will depend on the circumstances and the seriousness of the matter you wish to inform us about. In deciding if you should report your concerns to us please refer to the Standards of Acceptance Document. This document along with other guidance material can be found on our website 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.

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 should use one 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 or do not want to, 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: About you and the organisation you represent

Your Name			
Designation			
Organisation Name			
Address			
	Town/City		Postcode
Your Telephone Number			
Your Email Address			

Alternative point of contact

Please provide details for an alternative point of contact within your organisation (if you can). This may be a manager or a colleague. You should inform this person about the referral and that we may need to contact them if you are unavailable.

Name	
Designation	
Daytime phone number	
Email address	

Section 2: About the person you are referring to us

In order to help us identify the individual you wish to raise concerns about, please provide as much detail as you can.

Full Name			
Designation/Role			
Registration Number <i>(if Known)</i>			
DoB <i>(if known)</i>			
Home Address			
	Town/City		Postcode

<p>Is the Registrant aware that you are making this referral? If you answer 'no', is there any reason we should not inform the registrant of this referral?</p>	
<p>Please tell us, in what capacity do you know the registrant or how you have become aware of the worker you are referring to us in the box below. If you need additional space, please give a summary and continue on a separate sheet</p>	

Section 3: About the Social Care Worker's Employer or Place of Study

We will seek to engage with the social care worker's employer or place of study if the person is a social work student when considering the information you have told us about. Please provide us with details about where the registrant works/studies (*or was working at the time of the incident*) below. If you are a University making a referral about one of your students, you can provide additional detail in section 4.

Organisation/University Name			
Address			
Town		Post Code	
Contact Person, Name & Designation <i>(e.g, Manager, HR Person, Course Tutor)</i>			
Contact Telephone Number			
Contact email address			

Are you aware of any other social care employment the worker holds? If 'yes', please provide details on a separate sheet.	
Is the worker's employer aware that you are making this referral? (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.	

Section 4 - For Universities making a referral about a social work student

Please complete this section if you are a University making a referral in relation to one of your students.

<p>Was the social work student on placement at the time of the incident? <i>If you have answered 'yes', please provide the placement details below:</i></p>	
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Organisation Name			
Address			
Town		Post Code	
Contact Person, Name & Designation <i>(e.g, Manager, HR Person)</i>			
Contact Telephone Number			
Email Address			

<p>Have you commenced any disciplinary investigation or proceedings in relation to the matter you wish to tell us about? <i>If you have answered 'yes' please provide details below. If your proceedings have concluded you should tell us the outcome</i></p>	
<p>Has the social work student made any admissions regarding the matter you wish to tell us about?</p>	
<p>Have you previously taken any formal or informal disciplinary action against the social work student <i>(If you have answered 'Yes' to this question tell us about your disciplinary action below)</i></p>	

Section 5 – About your concerns

Use this section to tell us about the matter you wish to disclose to us. It is important to provide as much detail as possible to enable the Council to determine if an Interim Order is necessary.

You should tell us about the nature of the incident(s), when and where the incident(s) occurred, giving dates and times if possible, who was involved and if the actions of the worker caused or had potential to cause any risk or harm to a service user. 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 you are including here.

Section 5: 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 about a Registrant
- 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 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	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>		
1.		
2.		
3.		
4.		
5.		
6.		

For Office Use

Date Received
