

**Making a fitness to practise referral about yourself to the Northern Ireland Social Care Council (Self Declaration)**

**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, please contact the Fitness to Practise Team on 028 9536 2600 (option 3) or email us at ftp@niscc.hscni.net for advice.

**Completing the Form**

* You should complete all relevant section of the form in full. Incomplete or insufficient information *may* result in your form being returned.
* If completing the form by hand, please write using clear legible handwriting
* Sign or type your name in the signature box and date the form

**To return the form**

You can return your form along with any additional documentation supporting this referral 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 send it by post to:

Fitness to Practise Team

Northern Ireland Social Care Council

4th Floor, James House

2 Cromac Avenue

Belfast, BT7 2JA

**\*Please ensure correct postage is applied otherwise we may not receive it\***

**What happens next?**

We will acknowledge receipt of your referral and that we are considering the information that you have disclosed. We will then keep you informed about what is happening.

**For NI Social Care Council office use only**

|  |  |
| --- | --- |
| **Date Received** | Select Date |

**Section 1 – Your Details**

|  |  |
| --- | --- |
| Full Name | Enter your full name here  |
| **Registration Number** | Enter your registration number here  |
| **DoB** | dd/mm/yyyy | **NI Number** | Enter your NI Number here |
| **Address** | Address Line 1 |
| Address Line 2 |
| **Town/City** | Enter Town or City. | **Postcode** | Postcode |
| **Telephone Number** | Enter day-time telephone number here |
| **Email Address** | Enter your email address here |

**It is important that the details we hold on our system are up to date. If the contact details you provide 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 that 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** | Enter your employing organization here |
| **Work location** | Enter your work location here. |
| **Address** | Address Line 1. |
| Address Line 2. |
| **Town/City** | Enter Town or City | Postcode | Enter Postcode. |
| **Contact Person** | Enter name of contact person here |
| **Telephone Number** | Enter telephone number here |
| **Email address** | Enter email address here |
| **What is your employment status with this employer?**  | Select status here | Other or Restricted Duties – **Specify details below** |
| Enter details of ‘other’ or restricted duties here |

**Other Employment**

**If you have more than one social care employer, please provide details below.**

|  |  |
| --- | --- |
| **Employing Organisation** | Enter your employing organization here |
| **Work location** | Enter your work location here. |
| **Address** | Address Line 1. |
| Address Line 2. |
| **Town/City** | Enter Town or City here | Postcode | Enter Postcode here. |
| **Contact Person** | Enter name of contact person here |
| **Telephone Number** | Enter telephone number here |
| **Email address** | Enter email address here |
| **What is your employment status with this employer?**  | Select status here | Other or Restricted Duties – Specify details below |
| Enter details of ‘other’ or restricted duties here |

**Section 3 – About the matter(s) you wish to inform us about**

**Use this section to tell us about the matter you wish to disclose. Please answer the questions in the relevant part below relating to the matter you are disclosing to us.**

|  |
| --- |
| **Which of the following categories does the matter you wish to tell us about relate to? (tick all that apply)** |
| * **Health –** [**Complete part 3a**](#Health)
 |[ ]
| * **Criminal Proceedings/Investigation –** [**Complete part 3b**](#CriminalProceedings)
 |[ ]
| * **Inclusion on the Disclosure and Barring List –** [**Complete part 3c**](#DBS)
 |[ ]
| * **Findings by another Regulatory Body or Organisation –** [**Complete part 3d**](#Regulatorybody)
 |[ ]
| * **Disciplinary Investigation/Dismissal/Resignation during investigation –** [**Complete part 3e**](#Disciplinary)
 |[ ]
| * **None of the above – tell us about the matter you wish to disclose in** [**part 3f**](#moreinfo)
 |[ ]

**3a – Health**

**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. Please answer the questions below and provide details in relation to your health condition.**

|  |
| --- |
| **Which of the following does your health matter relate to? (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 matter in** [**part 3f**](#moreinfo)**)**
 |[ ]
|  |
| **Are you undergoing any medical treatment?****If yes, tell us about the treatment you are receiving in the box below.**  | Select answer. |
| Provide details about your medical treatment here. |
| **Have you had a referral to occupational health for an assessment?****If yes, please include a copy of your occupational health report with this form** | Select answer |
|  |
| **Please provide additional information in relation to your health condition in the box below.**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. |
| Provide information in relation to your health condition here |

**3b -** **Criminal Proceedings/Investigation**

**Please answer the questions below**

|  |  |
| --- | --- |
| **Have you been found guilty of a criminal offence in the UK, or any other country?** | Select answer. |
| **Have you received a formal caution, fixed penalty or been bound over in the UK, or any other country?** | Select answer. |
| **Have you a formal charge pending in the UK or any other Country?** | Select answer. |
| **Is there any ongoing investigation by social services and/or police in the UK or any other Country?** | Select answer. |
| **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?** | Select answer. |
|  |
| **Please provide additional information in relation to your disclosure in the box below.**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. |
| Provide your additional information here. |

**3c –** **Inclusion on the Disclosure and Barring List**.

|  |  |  |
| --- | --- | --- |
| **Please indicate which group you have been barred from working with** | **Tick** | **Date Barred** |
| * **I have been barred from working with children**
 |[ ]  Choose date |
| * **I have been barred from working with vulnerable adults**
 |[ ]  Choose date |
| * **I have been barred from working with both children and vulnerable adults**
 |[ ]  Choose date |
| **If you have additional information, tell us in the box below**  |
| Enter any additional information here. |

**3d – Findings by another Regulatory Body or Organisation in relation to your fitness to practise**

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| --- | --- |
| **Name of Regulatory Body or Organisation** | Enter name of regulatory body here. |
| **Decision**  | Enter the decision here. |
| **Date of Decision** | Enter date of decision here. |
| **If you have additional information, please tell us in the box below****(*Please include a copy of the decision in relation to your fitness to practice with your form)*** |
| Enter any additional information here |

**3e – Disciplinary Proceedings/Dismissal/Resignation during proceedings**

**If you are undergoing disciplinary proceedings, been dismissed or have resigned during disciplinary proceedings please answer the questions below**

|  |  |
| --- | --- |
| **At what stage are the disciplinary investigation/proceedings at?** | Select answer |
| **Is there a Safeguarding and/or PSNI Investigation?****If your answer is ‘yes’ you can provide details in section 4 ‘Other Investigations’.** | Select answer. |
| **If disciplinary proceedings have concluded, have you or are you appealing the decision?** | Select answer. |
|  |
| **Please provide additional information in relation to the disciplinary proceedings in the box below. Tell us about, the nature of the incident, where the incident occurred, who was involved and details of the investigation/disciplinary processes undertaken. Please give dates and times, where possible.**  |
| Enter details here. |

**3f - More about your disclosure**

**If the matter you wish to tell us about does not fit into parts 3a -3e above, or you have anything additional you would like to tell us about you can do so here.**

|  |
| --- |
| Enter details here. |

**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.) Please provide contact details if you can but if you do not have these, just write ‘don’t know’.

|  |  |  |
| --- | --- | --- |
| Organisation | Contact Person | Contact Number |
| Enter name of organisation | Enter name of contact person here | Insert contact number here. |
| Enter name of organisation | Enter name of contact person here | Insert contact number here. |
| Enter name of organisation | Enter name of contact person here | Insert contact number here. |

**Section 5 – 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.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed**  | Sign or type your name here. | **Date** | Select 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**