**N****ON-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 you are referring to us.

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](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.

**Completing the form**

* You should complete all relevant sections of the form **in full**;
* If completing the form by hand, write your responses using clear, legible handwriting;
* Sign and date the form;
* You should use one form for each individual you wish to refer.

**To return your form**

You can return your form along with any additional or supporting documentation by email *(our preferred method)* 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 or do not wish to, 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 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.

**For Social Care Council office use only**

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| **Date Received** | select date received here. |

**Section 1: About the person you are referring to us**

**In order for us to identify the person *(the registrant)* you wish to refer to us on our register, please provide as much detail as you can.**

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| --- | --- | --- | --- | --- | --- |
| **Full Name** | Enter registrants full name here | | | | |
| **Job Title/Role** | Enter job title or role here. | | | | |
| **Registration Number (if known)** | Enter registration number here. | | **DoB *(if known****)* | | dd/mm/yyyy. |
| **Address *(if known)*** | Enter address line 1. | | | | |
| Enter address line 2 | | | | |
| **Town/City** | Enter town or city | | **Postcode** | Enter postcode |

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| **Is the registrant aware that you are making this referral?**  ***If you answer ‘No’ tell us below if there is any reason we should not inform the registrant of this referral*** | Choose an answer. |
| **If you answered ‘no’ to the above question, click here to tell us of any reason we should not inform the registrant of the referral.** | |
| **Please tell us, in what capacity do you know the registrant or how you have become aware of the person you are referring to us in the box below.** | |
| **Click here to tell us how you know the registrant.** | |

**Section 2 About the Registrant’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 that 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 making a referral on behalf of a University about one of your students, you can provide additional detail in section 3.

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| --- | --- | --- | --- | --- |
| **Organisation/University Name** | Enter registrant’s employing or place of study organisation name here | | | |
| **Address** | Enter address line 1 here. | | | |
| Enter address line 2 here. | | | |
| **Town** | Enter Town or City here | **Postcode** | Enter postcode here. |
| **Contact Person, Name & Designation**  ***(eg: Manager, HR Person, Course Tutor)*** | Enter name and designation of contact person here. | | | |
| **Contact Telephone Number** | Enter daytime telephone number here | | | |
| **Contact email address** | Enter email address here | | | |

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| **Are you aware of any other social care employment the worker holds?**  **(if yes, provide details below)** | Choose an answer. |
| Click here to tell us of any other social care employment you are aware of. | |
| **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* * *if you answer yes, tell us who you informed, when you informed them and any response you have received in the box below)* | Choose an answer. |
| Provide additional detail in relation to the question above here. | |

**Section 3: 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**.

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| **Was the social work student on placement at the time of the incident?**  ***If you have answered ‘Yes’, please provide the placement details below*** | Choose an answer. |

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| **Placement Organisation** | Enter name of placement organisation here. | | | |
| **Address** | Address line 1. | | | |
| Address line 2. | | | |
| **Town** | Enter town or city here. | **Postcode** | Enter postcode here. |
| **Contact Person, Name & Designation**  ***(eg: Manager, HR Person,)*** | Enter name and designation of contact person here. | | | |
| **Contact Telephone Number** | Enter daytime telephone number. | | | |
| **Contact email address** | Enter email address here. | | | |

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| **Have you commenced any disciplinary investigation or proceedings in relation to the matter you wish to tell us about?**  ***If you have answered ‘Yes’ please provide details below. If your proceedings have concluded, please tell us the outcome.*** | Choose an answer. |
| If you have answered ‘yes’ to the above question, click here to tell us about your disciplinary investigation or proceedings. | |
| **Has the social work student made any admissions regarding the matter you wish to tell us about?** | Choose an answer. |
| **Have you previously taken any formal or informal disciplinary action against the social work student** *(If you have answered ‘Yes’ to this question tell us about your disciplinary action below)* | Choose an answer. |
| If you have answered ‘yes’ to the above question click here to tell us about your disciplinary action. | |

**Section 4: 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.

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| **Click here to tell us about your concerns**. |

**Section 5: About you and the organisation you represent**

**Please provide your details as the person making the referral**

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| **Your Name & Designation** | Enter your name and designation here. | | | |
| **Organisation Name** | Enter the name of the organisation you represent here. | | | |
| **Address** | Address line 1. | | | |
| Address line 2. | | | |
| **Town** | Enter town or city here. | **Postcode** | Enter postcode here. |
| **Your Telephone Number** | Enter your daytime telephone number here. | | | |
| **Your Email Address (Required)** | Enter your email address here. | | | |

**Alternative Point of Contact**

Please provide details for an alternative point of contact within your organisation (if you can). This may 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.

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| --- | --- |
| **Name & Designation** | Enter name and designation of contact person here. |
| **Telephone Number** | Enter daytime telephone number here. |
| **Email Address** | Enter email address here. |

**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 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

**\*Please sign and date this form\***

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| **Signed** | Type or sign your name here | **Dated** | Enter date signed here. |

**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.**