

Reporting a Fitness to Practise Concern Form for Employers

About the Form

This form is for employers wishing to raise a fitness to practise concern about a registered worker. Please complete all relevant sections of the form in full.

Guidance

Please refer to our website www.niscc.info for information on our *Standard of Acceptance* and *Raising a Fitness to Practise Concern about a Registrant - Employer Guidance* before completing the form. If you wish to discuss your concern or if you need help to fill in this form, please contact the Fitness to Practise Team on 028 9536 2940 or email ftp@niscc.hscni.net.

What concerns should you report to the Social Care Council?

Concerns will depend on the circumstances and the seriousness. However, you should tell us if:

- you have dismissed or suspended a registrant;
- you have redeployed or downgraded the role/status of the registrant as an alternative to suspension (i.e. you restrict the work they can do, place them under supervision or you move them to a lower skilled role);
- a registrant has resigned during an investigation which may have resulted in one of the above actions by the employer;
- you have become aware of a criminal charge or conviction against the registrant;
- the behaviour or actions of a registrant have raised concerns about their fitness to practise.

Returning the Form: Please return the form by:

Email: ftp@niscc.hscni.net

Or Post:

Fitness to Practise Team
Northern Ireland Social Care Council
7th Floor Millennium House
25 Great Victoria Street
BELFAST
BT2 7AQ

Section 1- Details of the Social Care Worker

SCR Number <i>(Registration Number)</i>			
Title			
Forename(s)		Surname	
NI Number		DOB	
Register Part	<input type="checkbox"/> Part 1 – for Social Workers <input type="checkbox"/> Part 2 – for Social Care Workers <input type="checkbox"/> Student – participants in the social work degree course		
Register Sub Part <i>(example: Adult Residential Care Worker, Day Care Worker)</i>			

Home Address

Address Line 1	
Address Line 2	
Address Line 3	
Town	
Postcode	

Section 2 - Employment

2a - Tell us where the worker is employed

Employing Organisation	
Where is the Workers base/work location	
Address Line 1	
Address Line 2	
Address Line 3	
Town	
Postcode	
Date Worker Started the Post	
Work Setting	
Work Focus	

2b - Tell us about the worker's current employment status

(Tick all that apply)

The Worker has been suspended	<input type="checkbox"/>	Date From	
The Worker has been redeployed	<input type="checkbox"/>	Date From	
The Worker remains in current post under supervision	<input type="checkbox"/>	Date From	
The Worker has been downgraded or moved to a lower skilled job	<input type="checkbox"/>	Date From	
The Worker has been placed on restricted duties <i>(If so, please specify in what way the workers duties are restricted below)</i>	<input type="checkbox"/>	Date From	
The Worker has been dismissed	<input type="checkbox"/>	Date From	
The Worker has resigned	<input type="checkbox"/>	Date From	
The Worker is absent from Work due to ill health	<input type="checkbox"/>	Date From	
Other – Please provide details below	<input type="checkbox"/>	Date From	

2c - Employer Investigation/Disciplinary Action/Appeal Proceedings

What stage are your current internal proceedings at? *(Please tick as appropriate)*

Not Started	<input type="checkbox"/>	Disciplinary Proceedings	<input type="checkbox"/>
Investigation	<input type="checkbox"/>	Appeal Proceedings	<input type="checkbox"/>

Please provide further detail, including what the next steps are (if any). If there are other factors that are delaying your internal processes, outline what they are.

2d - Other Employment

Have you been contacted for a reference from any other organisation?

Yes – please provide details below No

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Are you aware of any other social care employment the worker holds?	<input type="checkbox"/> Yes – Please provide the details below <input type="checkbox"/> No – Go to section 3 – About Your Concerns
Employing Organisation	
Address Line 1	
Address Line 2	
Address Line 3	
Town	
Postcode	

Section 3 - About your Concern(s)

Please note that this section will form the basis of the Council's initial contact with the worker and will be shared with the worker. The form in its entirety may be disclosed to the worker as a consequence of a Data Protection or Freedom of Information request and it may be put before any Social Care Council Committee charged with considering allegations against the worker in which case the worker will have sight of all relevant documentation.

Please tell us which category your concern(s) relate to:
(tick all that apply)

Misconduct	<input type="checkbox"/>	Click here to go to section 3a
Competence	<input type="checkbox"/>	Click here to go to section 3b
Health	<input type="checkbox"/>	Click here to go to section 3c
A Conviction/Caution	<input type="checkbox"/>	Click here to go to section 3d
Inclusion on the Disclosure & Barring List	<input type="checkbox"/>	Click here to go to section 3e
A Decision is relation to the worker's fitness to practise by another regulator	<input type="checkbox"/>	Click here to go to section 3f

3a - Misconduct

Please provide details of the alleged Misconduct which has led to this referral to include chronology of events, the nature of the incident, where the incident occurred, who was involved and any investigation/disciplinary processes undertaken.

3b - Competence

Please provide details of the alleged competence issues which have led to this referral including chronology of events, the nature of the competence issue and any capability processes you have undertaken.

3c – Health

Tell us about the Health Concerns that have led to this referral.

We are interested in whether a health condition limits the type of work that a social care worker can undertake and whether it limits his/her ability to undertake that work safely.

Does the Health Concern relate to one or more of the following (tick all that apply):

Seizures or loss of consciousness	<input type="checkbox"/>
Ongoing Mental Health Issues	<input type="checkbox"/>
Alcohol/Substance dependency/abuse	<input type="checkbox"/>

Is the registrant undergoing any medical treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you referred the worker for an occupational health assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you aware of any reason why we should not contact the worker at this time? (If you have answered 'Yes' to this question, please provide further details below)	
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Please tell us more about the Health Concern which has led to this referral. Tell us how the workers condition may contribute to their fitness to practise being impaired or to them posing a risk to people who use services. Please include any information that will help us reach a judgement about the worker's suitability to undertake, in whole or part, the roles and responsibilities of a social worker or social care worker.

Have you put in place any measures or adjustments to support the worker's practice? <i>(If you have answered 'Yes' to this question, please provide further details)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

3d - Criminal Proceedings/Investigation

Please tell us about the criminal proceedings which have led to this referral

Has the worker been found guilty of a criminal offence in the UK, or any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the worker received a formal caution, fixed penalty or been bound over in the UK, or any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the worker a formal charge pending in the UK, or any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any ongoing investigation by social services and/or police in the UK or any other Country	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the worker under investigation by social services and/or the police (in the UK or any other country) due to concerns about their care or treatment of a child or vulnerable adult in either work or home	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide details of the proceedings including how and when you became aware

Date of conviction/caution/charge	
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3e - Inclusion on the Disclosure and Barring List

Has the worker been barred from working with children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give date of Barring Decision	
Has the worker been barred from working with vulnerable adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give date of Barring Decision	
Has the worker been barred from working with both children/vulnerable adults	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give date of Barring Decision	

Additional information

3f - A decision in relation to the workers fitness to practise by another regulator

Tell us about the decision by another regulator which has led to this referral

Regulatory Body	
Decision	
Date of Decision	

Additional Information

SECTION 4 - Assessment of Risk

Note: It is important to complete this section and provide as much detail as possible to enable the Council to determine if an Interim Order is necessary

Has the worker made any admissions regarding the allegation? <i>(If you have answered 'Yes' to this question tell us about the admissions below)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you previously taken any formal or informal disciplinary action against the worker? <i>(If you have answered 'Yes' to this question tell us about your disciplinary action below)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please comment on the harm or risk of harm that was posed by the worker's actions

Was any direct harm caused to any Service User(s) as a result of the worker's actions? *(If you have answered 'Yes' to this question tell us about the direct harm caused below)*

Yes No

Describe how you are managing the risk

Have there ever been any allegations of a similar nature made against the worker?
(if you have answered 'Yes' to this question, tell us about these allegations below)

Yes No

SECTION 5 -Witnesses

Please list any witnesses who can support the concerns raised. Staff members and service users will be contacted via the referrer in the first instance. Please note that witnesses may be called to give evidence at a Fitness to Practise Hearing. Guidance for witnesses is available on the Social Care Council website.

Name	Role/Job Title	Location/Contact Details

SECTION 6 - Other Investigations

Please provide details of any other organisation(s) that is/are involved in the matter (eg: PSNI, Safeguarding, Health Trust, etc.)

1.

Organisation	
Contact Person	
Designation	
Telephone number <i>(if Available)</i>	
Email Address <i>(if Available)</i>	
Status of Investigation <i>(if Known)</i>	

2.

Organisation	
Contact Person	
Designation	
Telephone number <i>(if Available)</i>	
Email Address <i>(if Available)</i>	
Status of Investigation <i>(if Known)</i>	

3.

Organisation	
Contact Person	
Designation	
Telephone number <i>(if Available)</i>	
Email Address <i>(if Available)</i>	
Status of Investigation <i>(if Known)</i>	

SECTION 7 - Other Referrals

Protection of Children and Vulnerable Adults

The Safeguarding Vulnerable Groups (NI) Order 2007 places a requirement on organisations to refer to the Disclosure and Barring Service those individuals who have harmed or placed at risk of harm, a child or vulnerable adult. Please complete the following:-

7a - Have you made a referral to the Disclosure & Barring Service?

Yes	Date of Referral:	
No - Please state the reason(s) for not making a referral to the Disclosure & Barring Service		

7b - Have you made a referral to another regulatory body?

<input type="checkbox"/> Yes – Please provide details below <input type="checkbox"/> No – Go to Section 8	
Name of the Regulatory Body	
Date you made the Referral	

If possible, please provide details of a contact person

Name	
Telephone Number	
Email	

Name of the Regulatory Body	
Date you made the Referral	

If possible, please provide details of a contact person

Name	
Telephone Number	
Email	

SECTION 8 - DISCLOSURES

<p>Is the worker aware that you are making a referral to the Social Care Council? <i>If you have answered 'No' to this question please tell us why the worker has not been made aware of the referral</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Is there any reason why the Council should <u>NOT</u> inform the worker of the detail of the allegations at this stage? (eg due to PSNI/Joint Protocol restrictions)</p> <p><i>If you have answered 'yes' to this question please tell us why</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you have any concerns about sharing any of the information with the worker?</p> <p><i>If you have answered 'Yes' to this question please tell us why</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the worker previously seen or received a copy of all the documentation you are sending in support of this referral?</p> <p><i>If you have answered '<u>No</u>' to this question, please indicate what has not been shared with</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have any of the named witnesses (in section 5) sought protected disclosure status under whistleblowing procedures</p> <p><i>If you have answered 'Yes' to this question please provide details</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 9 - Supporting Documents

Please list all documents you are enclosing in support of this referral

Supporting documents can include notes, reports and transcripts, witness statements, disciplinary documentation and correspondence.

1.	
2.	
3.	
4.	
5.	
6.	
7.	

Your Details

(Please provide your details as the person making the referral)

Title	
Forename Name	
Surname	
Designation	
Organisation	
Address Line 1	
Address Line 2	
Address Line 3	
Town	
Postcode	
Telephone	
Email (REQUIRED)	

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 - Employer Guidance

I understand that the Standards of Practice for Employers of 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 will need to share details with the registrant concerned and may also need to share with other relevant parties as appropriate.

Signed		Dated	
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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), the HCPC, Social Work England, Social Care Wales, the Scottish Social Services Council, the Care Tribunal, other statutory and other regulatory bodies.

For NISCC Office Use Only
Date Received