



Gofal Cymdeithasol **Cymru**
Social Care **Wales**

Reporting a fitness to practise concern

Form for members of the public

June 2017



Noddir gan
Lywodraeth Cymru
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About this form

This is the information we need if you wish to report a concern about a registered person's fitness to practise. You can either print this form and complete it by hand, or complete it electronically and e-mail to the Fitness to Practise Team at **ftp@socialcare.wales**

Please refer to the Social Care Wales website for further details regarding the fitness to practise process **socialcare.wales**

About your concern

We consider each concern individually to decide whether it is something that is relevant for us to look at. We check:

- whether your concern involves a person registered with us; and
- whether the information you have given to us about a registered person's practice could amount to an allegation about their fitness to practise being impaired.

Fitness to practise means that a registered worker has the skills, knowledge and character to carry out their work safely and effectively. Being fit to practise means that a registered person must be fit to practise in their role now, irrespective of something which may have happened in the past.

Impairment means that there are concerns about a registered person's ability to practise safely and effectively. These concerns must be serious enough to question whether they are able to continue to practise freely.

Our process for reporting a fitness to practise concern is not intended to resolve general complaints, or to punish a registered person for something they may have done in the past. Our focus is on ensuring that a registered person is fit to practise currently, which may mean:

- putting something into place to help them reach this standard;
- restricting the work they can do for a period of time until they are safe to practise; or
- giving them a warning about their practice for less serious concerns.

In some cases we may not be able to take a concern forward, for example, where a period of time has passed and the registered person has continued to work without any issues raised about their practice.

1. Your details

Name	
Address (organisation if applicable)	
Telephone number	
Mobile number	
E-mail address	

2. The social care worker you are reporting

Please provide as much information as you can about the person you are reporting. This will help us identify them on the Register of Social Care Workers.

Name	
Job title	
Registration number (if known)	
Employer	
Employer's address (if known)	
How is this person known to you?	

3. Your actions

Have you raised your concerns about this matter with any other person or body?

For example the person's line manager, employer/service provider, public services ombudsman, other regulatory body or the police.

Please provide the names and addresses of who you have contacted to date below.

What was the outcome of the concerns raised?

4. Details of your referral

For information to amount to a referral in relation to Social Care Wales (Fitness to Practise) Rules 2017, it must raise questions about the suitability of the social care worker to remain on the register without conditions.

We are only able to investigate allegations about a social care worker who is registered with us, and information that makes a specific allegation in relation to a worker's fitness to practise. Please refer to the website **socialcare.wales** for further information regarding the fitness to practise procedures.

Please provide details of your complaint in the space below – please do not write 'see attached'. If you need more writing space please attach additional information separately and reference the information in each box on the form.

On which date(s) or over what time period did the event(s) take place?

Where did the event(s) take place?

Please provide a description of your concerns.

There may not have been one specific incident; your concerns may relate to several incidents over a period of time. (Continue on a separate sheet of paper if necessary)

Are you aware of any witnesses who can support your concerns?

(Please provide names and contact details)

5. Supporting documentation

Do you have any documents or material to support your concern?

Yes

No

If yes please provide a summary below and attach copies of any supporting documents.

Type of information/documents

6. Declaration and consent to disclose

Please sign this declaration confirming that you have given us all the relevant information known to you. In order to investigate, we will need to discuss the information with the worker(s) concerned and ask for a response from them, their employer(s) and any other relevant party as required.

Data Protection Act 1998

Social Care Wales is registered with the Information Commissioner and data supplied by you on this form will be processed in accordance with the provisions of the *Data Protection Act 1998*. The Data Controller is Social Care Wales. 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 any social care worker named, or otherwise identified, their employer(s), any other person named, or otherwise identified, Social Care Wales panels, any other regulatory bodies, the police and similar organisations in the UK and other countries.

By signing and submitting this form you consent to the processing of the personal data including sensitive data in the ways described above.

To the best of my knowledge, the information I have provided is accurate.

I understand that in order to investigate the information given, Social Care Wales will need to share details with the social care worker(s) concerned, their employer(s) and any other relevant party.

I understand that if this matter is referred to a Social Care Wales Fitness to Practise panel I may be called to give evidence, under oath, to a public or private hearing.

Signed: _____

Date: _____

Once you have checked the content of this form and signed it, please send it to:

**Fitness to Practise Team
Social Care Wales
South Gate House
Wood Street
Cardiff
CF10 1EW**

Or email ftp@socialcare.wales

Contact details

Social Care Wales

South Gate House
Wood Street
Cardiff
CF10 1EW

Tel: 0300 3033 444

Minicom: 029 2078 0680

Email: info@socialcare.wales

socialcare.wales



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Copies and other formats:

This document is available in large text or other formats, if required. Copies also available in Welsh.