### Raising a fitness to practise concern

**About this form**

This is the information we need from you if you wish to report a fitness to practise concern to us.

Please read our brochure *How to raise a concern* before you fill in this form as these will help you to understand what concerns we can deal with and those which we cannot. Also they will help you understand how we deal with fitness to practise concerns. The brochure can be found on our website at <https://www.hcpc-uk.org/resources/>

To complete this form by hand:

Print the form and write your responses in the spaces provided in clear, legible handwriting. If you require more space, please continue on additional sheets and attach them to the form.

To complete this form electronically:

Save the form to your desktop before completing it.

Please provide as much information as possible as it will help us to deal with your concern as quickly as possible.

If you wish to discuss your concern or if you need help to fill in this form, please telephone the Fitness to Practise Department on 0207 840 9814 or our Freephone (in the UK) number 0800 328 4218. Or you may email ftp@hcpc-uk.org.

1. **About you**

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| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone number**  |  |
| **Email address** |  |

1. **The person you are raising a concern about**

Please provide as much information as you can about the person you are raising a concern about. If you are raising a concern about more than one person, please complete separate forms for each person.

You may wish to check our online register for confirmation of the person’s registration number: <https://www.hcpc-uk.org/check-the-register/>

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| **Name** |  |
| **Profession** |  |
| **Registration number** |  |
| **Address** |  |

If you do not know the person’s full name, please provide any information that would help us to identify them. This could include their first name; where they work; the date and time of the incident; or a description of what they look like.

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1. **About your concern**

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| **Please provide a clear description of what happened. There may be more than one event. If there is, you may find it helpful to describe each event in the order they happened.** |
| **Do not write ‘see attached’ – please provide a brief summary and continue on an additional sheet of paper if necessary.** |
| **On which date(s) or over what time period did the event(s) take place?****Please give exact dates and times if possible.** |
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| **Where did the event(s) take place?****The event(s) may have taken place in your home, at a hospital, clinic or private practice or somewhere else. Please provide the name (where relevant) and address if possible. If events occurred in more than one place, please provide the name and address where each event took place.**  |
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| **Did anyone else see what happened? Please provide their names and contact details.** |
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1. **Your actions**

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| --- | --- | --- | --- | --- |
| **Have you contacted any other organisations about your concern? For example, the person’s employer, a professional body or the police?** | **Yes** |  | **No** |  |
| **If yes, please provide their contact details and a summary of the action, if any, they are taking.** **If you have contacted the police, please provide the name and contact details of the investigating officer.****Please keep us informed of the progress of any on-going investigation that other organisations may be carrying out and advise us of the final outcome and provide us with all the relevant documents.**  |
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*Please note that if your concern is currently being investigated by another organisation, we will consider whether we should carry out our investigation at the same time or whether it is more appropriate for us to wait until the other organisation has finished its procedures.*

1. **Additional information**

Please use the space below to provide any additional information that may help us. If you need further space, please continue on another sheet of paper.

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| **Any further information?** |
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1. **Supporting documentation**

Please attach copies of documents or material which support your concern (i.e. provide evidence of your concern). Please use the table below to set out what documentation you are sending to us. If the documentation you are sending is not included on the list below, please add the type of documentation to the list.

|  |  |
| --- | --- |
| **Supporting documentation (copies)** | **Attached** |
| Notes you have made at the time of the event/s or soon afterwards |  |
| Correspondence between you and the person you have a concern about |  |
| Correspondence you have received in response to raising your concerns with another organisation, for example, the person’s employer or the police |  |
| **Other types of documents (please specify below)** |  |
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1. **Declaration**
* To the best of my knowledge, the information I have provided is accurate.
* I understand that to investigate this matter the HCPC will need to share my referral, and any information I provide relating to it, with the registrant concerned and may also need to share it with other relevant parties as appropriate.
* I understand that if this matter is referred to a public hearing I may be called to give evidence.

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| **Signed: Date:** |

1. **Next steps**

Thank you for completing this form. There are two ways to send the completed form to us.

1. By post: Securely seal the signed form in an envelope along with copies of the supporting documentation, and send it to:

Fitness to Practise Department

The Health and Care Professions Council

184-186 Kennington Park Road

London

SE11 4BU

You may wish to use recorded post.

1. By email: Attach a scanned copy of the signed form along with electronic copies of the supporting documentation, and email to ftp@hcpc-uk.org.

We will write to you to let you know that we have received your concern. We will then keep you informed about what is happening.

If we are unable to assist with your concern, we will try to put you in contact with the appropriate organisation.