Reporting a Student with a Fitness to Practice Concern

This is the information we need if you wish to report a concern about a student’s professional fitness to practice. You can print this form and complete it by hand, or you can complete the form electronically, print it and sign it.

If you wish to discuss your concerns or if you need help to fill in this form, please contact the Practice Placement Educator appropriate to your area (please see page 4)

**Your details**

|  |  |
| --- | --- |
| **Name of Reporting Person** |  |
| **Job Title** |  |
| **Ambulance Station** |  |
| **Telephone Number** |  |
| **Email address** |  |

**The student you are reporting**

Please provide as much information as you can about the person that you are reporting.

|  |  |
| --- | --- |
| **Name of Student** |  |
| **Course** |  |
| **Year of Study** |  |
| **Place of study** |  |

If you do not know the students name, please detail any information that would help us to identify the person that you are reporting. This could include where the person works, the date and time of the incident, or a description of the person.

**Details of complaint**

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| --- |
| **On which date(s) or over what time period did the event(s) take place?** |
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| **Where did the event(s) take place?** |
|  |
| **Please provide a description of what happened. Please provide the Incident Number if known. Was a DATIX completed? Please provide DATIX Reference Number.** |
|  |
| **Did anyone else see what happened? Please provide names and contact details.** |
|  |

**Other organisations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you believe this matter should be reported to any other body; including the Students university, SWASFT managers?****Please discuss referrals with PPC first** | **YES** |  | **NO** |  |

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| --- |
| **Which bodies do you feel this should be reported to, and why?:** |
|  |

**Actions Taken**

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| --- |
| **Use this section to advise us of any interventions e.g. action plans used to address the conduct/concerns now reported in this document** |
|  |

**Additional Information**

|  |
| --- |
| **Please use the space below to provide any additional information that you consider may help us.**  |
|  |

**Supporting documentation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have any documents or material to support the complaint you are making?** | **Yes** |  | **No** |  |

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

|  |
| --- |
| **Supporting documentation?** |
|  |

I can confirm that this is a true and accurate account of events

**Name:**

**Signature:**

**HCPC/RN registration number, if applicable:**

**Date:**

Once you have confirmed the content of this form and signed it, please send it to your Practice Placement Coordinator. They will write to you to let you know that we have received it and will then keep you informed about what is happening next.