

School of Allied Health Sciences

Concerns report form – please tick all that apply

- Fitness to Practice (professional suitability)
- Academic performance
- Clinical placement concern (student performance)
- Clinical placement concern (safeguarding)
- Clinical placement concern (staff – student relationship)

Has this matter been brought to the attention of the student? Y

N

If Y, when:

If N, why not?

This form is to be used by **all staff who are concerned about a student's fitness to practise**; for professional conduct, behaviour and health reasons. It is a formal record of those concerns and forms the basis of the Fitness to Practise process. The form will trigger an initial investigation into the concerns raised, from which the School FtP Triage Team will determine the most appropriate outcome.

All Staff - please ensure that sections 1-3 are completed as accurately and fully as possible: this form should be completed and submitted electronically to the relevant programme lead or their deputy.

Section 4 is to be completed by the programme leader or their deputy.

Section 5 is to be completed by the School FtP Triage team.

The form and any supporting documentation will be held confidentially in line with DMU policy. The student will be informed of any allegations or concerns raised through this process.

Section 1: Student Details – to be completed by initial point of contact

PNumber		Cohort	
Student Surname (Block Capitals)		Student first name	
Programme Title		Declared disability?	Y/N

Section 2: Cause for concern – to be completed by initial point of contact

Concern raised by:

Role and position:

Date of raising concern:

Section 3: Area of cause for concern – to be completed by initial point of contact.

Please provide details about the reasons for raising a cause for concern:

--

Evidence: please submit any evidence you have to support your concern along with this form.
Witness statements must be signed and dated.
Please provide a list of the evidence submitted below:

--

Thank you; please submit this form and associated documents to the relevant programme leader or their deputy as soon as possible.

Section 4: Investigating Officer to complete: please note this should take no longer than 10 working days

Name		Role	
------	--	------	--

Date of receipt of CRF	
------------------------	--

Additional evidence gathered: please provide details of any further information obtained in connection with the case including names; connection with the case; dates and details of the evidence eg witness statement, facebook post etc.

--

Evidence reviewed: please provide commentary of all evidence reviewed

--

Date student notified of concern			
Date of initial student interview			
Details of initial discussion with student:			
Is suspension recommended?	Y/N	If Y is suspension from practice only recommended	Y/N
Insert date of suspension discussion with HoS		Suspension decision	
Insert date suspension request sent to Student Appeals and Conduct Officer		Insert date of formal suspension	
Date CRF and associated documents sent to HoS		Date set for Triage meeting	

Section 5: To be completed by the Triage team	
Date of Triage Meeting:	
Name and Role of Triage members present:	
Is there a case to answer?	Yes/ No/further information required – please provide details below:
Does the case require referral to the Disciplinary team?	Yes / No
Does the case require OH or other health professional advice?	Yes/No
Rationale for decisions made:	

Where Fitness to practise investigation is required, please list the charges:	
Signed and dated:	
Signed and dated:	
Signed and dated:	

All students must be informed in writing of the allegations and decisions made by the Triage team.

If the decision is to refer the student for a Fitness to Practise investigation this form, and any accompanying documentation should be given to the Faculty Fitness to Practise Lead who will commence the procedure.