



Appendix 3: Fitness to Practise referral form

Fitness to Practise Incident Report/Referral Form

When completing this form please give as much detail as possible in relation to the concerns/incident that led to the referral. Please also send all evidence with the completed form to **hscftp@lsbu.ac.uk**

Your name

Your LSBU staff/student ID

Name of witness (*if not you*)

Date of Incident (*if applicable*)

Time of Incident (*if applicable*)

Location of Incident (*if applicable*)

Does this report need to be treated in confidence, if yes, please explain why below
(*if completing this form for another individual please confirm this with them*)

If you request confidentiality we will not give your name or any other details about you to anyone else. If we cannot fairly investigate your complaint without breaching your confidentiality we will write to you to explain that we will not investigate

Name and ID number (*if known*) of student being referred

Date of this form

Please describe the incident/cause for concern in your own words below

- Please list the incidents/concerns in chronological order.
- Please indicate how each incident/concern is linked to a potential breach of professional code and or the University Directional Statement of Conduct Principles.
- Please give as much detail as possible