REPORTING A CAUSE FOR CONCERN FORM

This form should be used to report any cause for concern regarding a University of Suffolk student and forms part of the Fitness to Practise Procedure. The Fitness to Practise Procedure applies to students enrolled on courses which lead to professional registration and/or licence to practise and where Disclosure and Barring Service (DBS) checks are normally required. These courses are likely to involve a practical professional placement as a required part of the course including, for example, teaching, counseling, nursing, midwifery, radiography and social work. Students on such courses have additional responsibilities placed upon them regarding their professional suitability, as outlined in the codes of practice of the relevant Professional, Statutory and Regulatory Body (PSRB). Failure to meet these requirements may lead to the Fitness to Practise Procedure being invoked.

Concerns about a student's fitness to practise may be raised from any source, including any member of staff, student, placement partner, member of the public, the Occupational Health Service or other agencies such as the Police or Social Services. Normally the allegation will relate to behaviour whilst the student is on the Institution's premises or in attendance at a placement setting related to the course. However, if it is reasonably believed that a student's behaviour off site has damaged or compromised relevant professional standards, action may be taken in accordance with this Procedure.

An allegation raising concern about a student's fitness to practise is a serious and potentially defamatory one. Consequently all details and proceedings will be conducted on the basis of strict confidentiality.

DETAILS OF INITIATOR OF CONCERN	
Full Name	
Profession	
Role and how you know the student (e.g. personal tutor, mentor, practice education facilitator, fellow student)	
Job Title	
Contact Number	
Email Address	

STUDENT DETAILS	
Full Name	
Student Number	
Student's Course	

NATURE OF CONCERN	
Outline below, in detail, the basis of the concern, what action has been taken to date and list the evidence attached which supports the basis of the concern.	
Is the student aware of the concern?	YES ◯ NO ◯
Is this the first concern regarding the student? If no, please provide details of previous concerns	YES ◯ NO ◯
Has a Safeguarding Lead been informed? If so, please provide name	YES ◯ NO ◯
Has the Educational Lead at Trust level or equivalent for Social Work been informed? If so, please provide name	YES ◯ NO ◯

DECLARATION	
I confirm that the information given on this form and in supporting documents is true to the best of my knowledge and belief.	
Signed	
Date	

Where to submit your form
Once completed, this form and your supporting evidence should be submitted to the Office for Student Appeals, Complaints and Conduct (OSACC)

Email: osacc@uos.ac.uk

Tel: 01473 338353

Post: Office for Student Appeals, Complaints and Conduct
University of Suffolk
Waterfront Building
Neptune Quay
IPSWICH, IP4 1QJ