**Fitness to Practice Referral Form**

**Section A: to be completed by referrer:**

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| **Name & faculty of person making referral:** |  |
| **Job title of person making referral:** |  |
| **Name & student number of the student:** |  |
| **Programme of study of the student:** |  |
| **Name of Personal Supervisor (if known):** |  |
| **Name of Academic Assessor (if different):** |  |
| **Name of Programme Director (if known):** |  |
| **Date referral made:** |  |

**PART A: To be completed by referrer:**

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| **Summary of referral** |
| **Please include details of the precise nature of the circumstances and the reasons why it is believed that the responding student’s fitness to practise has been impaired. Any person(s) who may have relevant first-hand knowledge of the circumstances should be included.** |

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| **Supporting information and evidence** |
| **Please list any other documents / evidence that have been submitted that supports this referral.**  This may include copies of emails, timelines, internal investigation reports/outcomes, screenshots, recordings etc. | |

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| **Signature:** |  |
| **Date:** |  |
| **Please email this completed form to the relevant Fitness to Practice Professional Lead (if known) or contact the relevant Faculty Curriculum team for further details.** | |

**PART B: To be completed by Fitness to Practice Professional Lead:**

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| **Name of Professional Lead:** |  |
| **Date referral received:** |  |

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| **Initial summary of findings / actions to be taken / actions taken** |
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| **Signature:** |  |
| **Date:** |  |
| **Please email the Faculty Curriculum team for that team to log the concern and assist with the initial investigation of the concern.** | |