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**UNIVERSITY OF SOUTH WALES**

**PRIFYSGOL DE CYMRU**

**GUIDANCE NOTES FOR THE COMPLETION OF THE**

**FITNESS TO PRACTISE CAUSE FOR CONCERN FORM**

*Please read these guidance notes in conjunction with the Student Code of Conduct and the Fitness to Practise Procedure.*

**Section 1 – Your Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **First Name(s):** |  |
| **Job title:** |  | | |
| **Email address:** |  | | |
| **Telephone Number:** |  | | |

Please ensure that these sections are completed accurately so that we are able to identify and contact you correctly. Your job title and the student ID is particularly important as we often have members of staff and/or students who have the same name.

Any correspondence in relation to the alleged cause for concern will be sent to the email address you provide.

**Section 2 – Details of Student Against Whom Allegations are Being Made**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **First Name(s):** |  |
| **Student number:** |  | | |
| **Course:** |  | | |
| **Placement details:** |  | | |
| **Has the student been withdrawn from placement?** | | YES ☐ NO ☐ | |
| **Is the student due to graduate>** | | YES ☐ NO ☐ | |

Please include the full name of the student, the course the student is studying on, details of the student’s placement and whether they have been withdrawn from placement.

**Section 3 – Details of the Alleged Cause for Concern**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of incident:** | *Click or tap to enter a date.* | **Time of incident:** |  |
| **Location:** | *e.g. did the alleged cause for concern take place on a university campus* | | |

Please detail the date and time that the alleged cause for concern occurred.

Please include details of where the alleged incident of student misconduct occurred. For example; did the incident occur at one of the University’s campuses, the Halls of Residence or whilst out on placement?

|  |  |
| --- | --- |
| **Does the case involve:** | |
| **An adult or child safeguarding issue:** | YES ☐ NO ☐ |
| **An investigation involving children or vulnerable persons:** | YES ☐ NO ☐ |
| **Investigation of potential fraud:** | YES ☐ NO ☐ |

|  |  |
| --- | --- |
| **If the case relates to a criminal offence, please clarify the current status of the student:** | |
| **Arrested without charge:** | ☐ |
| **Arrested pending further enquiries:** |  |
| **Cautioned:** |  |
| **Convicted:** |  |

Please ensure you tick any relevant box/es.

|  |
| --- |
| **Description of incident:** |
|  |

Please set out clearly what concerns have been raised under the University of South Wales’ Fitness to Practise Regulations. Please provide as much detail as possible, including all relevant evidence. You must also identify the regulatory breach in accordance with the Student Code of Conduct. In addition to which, if appropriate, aspect/s of the code of professional standards and practice compromised by the actions of the student. Please refer to the Student Code of Conduct and the Student Conduct Procedure, which can be found at:

https://registry.southwales.ac.uk/student-regulations/fitness-practice/

Please ensure that tick the box(es) that you feel best relate to the nature of your allegation.

**Section 4 – Details of Possible Witnesses**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **First Name(s):** |  |
| **Contact Details:** |  | **Is the witness a student at University of South Wales:** | YES ☐ NO ☐ |

Please provide the full names of any individuals who may have witnessed the alleged cause for concern.

If possible, please include contact details for any witnesses named, for example a postal or email address and/or telephone number. If you are aware that the witness is also a student at the University of South Wales, please indicate this by ticking the relevant box.

**Section 5 – Details of Any Action Already Taken**

|  |  |
| --- | --- |
| **In addition to this form what actions have already been taken in relation to this matter:** | |
|  | |
| **Is the student aware of the information included in this form and any supporting evidence:** | YES ☐ NO ☐ |

Please detail any actions that you have already taken in relation to the alleged cause for concern. For example, have you discussed the matters with any members of University staff/professional body?

|  |  |
| --- | --- |
| **Have you reported this matter to the police:** | YES ☐ NO ☐ |

If you have reported the matter to the police, please could you also indicate this by ticking the relevant box.

**Section 5 - Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| **I declare that the information given above and any attached corroborative evidence is accurate and true to the best of my knowledge.**  **I understand that in submitting this form, I give my approval for relevant information/evidence to be made available to appropriate parties on request and shared in line with the relevant Communication Plan[[1]](#footnote-1)[1] and Privacy/Fair Processing Notice[[2]](#footnote-2)[2].** | | | |
| **Signed:** |  | **Date:** | Click or tap to enter a date. |

Please be aware when submitting a cause for concern that the form and any evidence you provide may be provided to relevant parties, including any individuals that you name in the allegation, and to external organisations such as the Officer of Independent Adjudicator for Higher Education or legal advisors if necessary.

You must sign and date the form or it will be returned to you. The form and any corroborating evidence must be emailed to the Course Leader.

If you have any queries regarding the Fitness to Practise Procedure please contact the Student Casework Unit by calling 01443 482014 or emailing [studentcasework@southwales.ac.uk](mailto:studentcasework@southwales.ac.uk).

1. [1] Communication plans for each area of casework can be found here: https://registry.southwales.ac.uk/student-regulations/ [↑](#footnote-ref-1)
2. [2] <http://uso.southwales.ac.uk/ig/dp/> [↑](#footnote-ref-2)