



# **Northern Ireland Social Care Council**

## **Registration and Regulation of the Social Care Workforce**

### **Employer Referral Form Registered Worker**

**When you have filled in the form please return it to:**

**Conduct Manager,  
Northern Ireland Social Care Council,  
Millennium House,  
19-25 Great Victoria Street,  
Belfast,  
BT2 7AQ**

**November 2009**

**The Northern Ireland Social Care Council is the Data Controller for the purposes of the Data Protection Act 1998. Personal data supplied by you will be processed for the purposes of undertaking our statutory duties in respect of registered social care workers. The data may be disclosed to the social care worker, any additional employer(s), the General Social Care Council, the Care Council for Wales, the Scottish Social Services Council, the Care Tribunal, other statutory and other regulatory bodies.**

## Introduction

The NISCC Code of Practice for Employers of Social Care Workers sets out the responsibilities of employers in relation to the regulation of social care workers. The purpose of workforce regulation is to protect and promote the interests of service users and carers, to strengthen and support the professionalism of the workforce and to help raise standards of practice. The Code is intended to complement rather than replace or duplicate existing employers' policies and it forms part of the wider package of legislation, requirements and guidance that relate to the employment of staff.

## Employers' Responsibilities

Under the Code of Practice, employers must promote the NISCC codes of practice to social care workers, service users and carers and co-operate with the NISCC proceedings: This includes:

- Informing the NISCC about any misconduct by registered social care workers that might call into question their registration and inform the worker that a report has been made to the NISCC (5.5)

## Informing the NISCC about misconduct

This booklet contains a referral form which employers should use to make referrals to the NISCC regarding misconduct of registered social care workers. The referral form should usually be completed by a senior person in the organisation, for example, the lead endorser or a Director of Human Resources. You should also send the Council any available supporting documentation and a list of information sent.

**Prior to submitting the form and any supporting documentation, you must inform the social care worker whose conduct is in question that the information is to be passed to the NISCC.**

The NISCC should be informed in the following circumstances:

- When a worker is dismissed, regardless of any intention to appeal
- When a worker resigns during a disciplinary investigation
- When a worker is suspended pending the outcome of a disciplinary investigation
- When the employer becomes aware of a criminal charge or conviction against the worker
- Any other circumstance which the employer feels may have a bearing on the worker's registration.

If an employer is unsure as to whether it is appropriate to inform the NISCC, please contact the Professional Adviser (Conduct) who will provide general advice on individual cases.

## Employer Referral Form – Registered Social Care Worker

You should use this form if you are the employer of a registered social care worker whose behaviour has caused you to question their continuing eligibility for inclusion on the register of social care workers. In order to undertake an investigation we need all the available information. If you have any questions about the form, please contact us for advice. Additional copies of this form can be downloaded from the NISCC website [www.niscc.info](http://www.niscc.info), or this booklet can be photocopied as required.

### 1. Details of the person making the referral

Title (Mr, Mrs etc) \_\_\_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Job Title \_\_\_\_\_

Organisation Name \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ Postcode \_\_\_\_\_

Phone number \_\_\_\_\_

Direct Line (if appropriate) \_\_\_\_\_

Email \_\_\_\_\_

Fax number \_\_\_\_\_





#### 4. Witnesses

Please list any witnesses who could support the information contained in section 3. You should indicate their role, and if we would need to make particular arrangements in order to interview them.

**Title (Mr, Mrs etc)** \_\_\_\_\_

**First Name** \_\_\_\_\_ **Surname** \_\_\_\_\_

**Address**  
(Please state full postal address)  
\_\_\_\_\_

**Town/City** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Role**  
(e.g. service user, carer, or colleague)  
\_\_\_\_\_  
\_\_\_\_\_

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**Title (Mr, Mrs etc)** \_\_\_\_\_

**First Name** \_\_\_\_\_ **Surname** \_\_\_\_\_

**Address**  
(Please state full postal address)  
\_\_\_\_\_

**Town/City** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Role**  
(e.g. service user, carer, or colleague)  
\_\_\_\_\_  
\_\_\_\_\_

Do we need to make any particular arrangements when we contact these witnesses?

Yes

No

If yes, please state what arrangements are required (e.g. interpreter or signer)

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If you need more space, please continue on a separate sheet of paper and tick this box

### 5. Other Investigations

Are any other organisations involved? Please provide details below as appropriate.

**Organisation Name** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Town/City** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Please provide details of their involvement** \_\_\_\_\_

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**If the police have been involved, please provide contact details of the investigating officer.** \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

## 6. Supporting Documents

Please list all documents you are submitting in relation to the referral and enclose copies.

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_

## 7. Protection of Children and Vulnerable Adults

The Safeguarding Vulnerable Groups (NI) Order 2007 places a requirement on organisations to refer to the Independent Safeguarding Authority those individuals who have harmed, or placed at risk of harm, a child or vulnerable adult. Please advise if you have made a referral in respect of this individual.

I have made a referral to the Children's / Vulnerable Adults Barred List

I have not made a referral

because \_\_\_\_\_

## 8. Declaration

To the best of my knowledge, the information I have provided above is accurate.

I understand that the NISCC Code of Practice for Employers of Social Care Workers obliges me to co-operate with the NISCC's proceedings.

I understand that in order to investigate this matter the Northern Ireland Social Care Council will need to share details with the social care worker concerned.

**I have informed the registered social care worker that I have made this referral.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Designation:** (Lead endorser or HR Director) \_\_\_\_\_