**Fitness to Practise Student Referral Form**

**Important please read this section carefully before submitting your referral.**

This form is to be used by:

* MRCVS or RVN Staff or Student
* Decision Maker from the previous SRC process
* MRCVS or RVN External (i.e. placement provider)
* RVC Staff Member
* Chair of the SPD Stage 3 Panel

If any of the above roles have concerns surrounding a student’s professional behaviour, conduct and/or health they should read the Fitness to Practise Procedure before completing the form. In addition, consideration should be given to alternate supportive measures e.g. SPD, Advice Centre Support, and Disability Support before escalating action under these procedures.   
  
A non-exhaustive list of examples considered under these procedures can be found using the [FTP04 - Fitness to Practise Concerns, Examples and Actions Table](FTP04%20-%20Fitness%20to%20Practise%20Concerns,%20Examples%20and%20Actions%20Table).   
  
Please be aware that the form will be shared with the student so any content should be appropriately worded.

**Completing the Form**

Before completing this form, please read the [RVC Fitness to Practise Procedure](https://www.rvc.ac.uk/about/the-rvc/academic-quality-regulations-procedures#panel-student-resolution-and-compliance).

To refer a student using this form, please fill out the form below and return to [fitnesstopractise@rvc.ac.uk](mailto:fitnesstopractise@rvc.ac.uk)

along with your documented evidence.

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| --- | --- |
| **Your details** | |
| Full name: |  |
| Please state if you are astudent/ staff member or an external member of the RVC |  |
| Job title and role or RVC Student ID Number: | *N/A for external reports* |
| Programme of study | *For RVC students only* |
| Contact email: | *If a student or staff member, please provide your RVC email address* |
| How do you know the referred student? |  |
| If you are a member of staff, have you told the student you are making the referral? |  |
| **Details of the referred student** | |
| Referred student/s name and ID number: |  |
| Referred student's programme of study: |  |
| Year of study: |  |
| Student/s ID Number: |  |
| Date(s) of incident: | *If preferable, you can provide a timeline of events* |
|  | |
| **Which category does your concern relate to:** | Relationships with patients – e.g. breaching client and patient confidentiality  Honesty and Integrity – e.g. fraudulent or dishonest behaviour,  Learning – e.g. not engaging in academic or clinical requirements of study  Health – e.g. concerns about a student’s physical or mental wellbeing.  Criminal behaviour - Cruel or abusive behaviour to animal  Other, please define your category below  …………………………………………………. |
| **Please describe the nature of your concern**  *If you have tried to resolve the issue with the referred person(s) in any way, please tell us about what efforts you have made and what issues remain unresolved. (200 words max).* | |
|  | |
| **Please tell us what has happened.**  *Please explain what happened in full, including any background information, such as:*   * Names of any witness(es) * Location * Dates and times * Written account of the incident(s) * Impact/risk caused or potentially caused to others   *Please send us copies of relevant supporting correspondence or documents. Be aware that any relevant material will need to be shared with the referred student to enable them to respond to the concerns being made.* | |
|  | |
| **Does the concern reporting constitute as a criminal offence and if so have you reported this to the police?** | |
|  | |
| **If yes, please provide a police reference number and whether the case is still ongoing and/or what the outcome was.** | |
|  | |
| **What is your preferred outcome?** | |
|  | |
| **Supporting Evidence:**  *(Please list any documents which have been attached)* |  |
| **Any Other Comments:** |  |
| **Declaration** | I have read and understood the Fitness to Practise Procedure.  The information I have given on this form is true and complete to the best of my knowledge.  I accept the information I have submitted will be shared with the referred student unless I give reasons as to why it should be kept anonymous. |
| **Signed:** |  |
| **Date:** Please enter date you completed the form |  |