

**REFERRAL OF STUDENT TO FITNESS TO PRACTISE COMMITTEE**

**Personal & Programme Details**

Title (please tick) Mr Mrs Miss Ms Other

Surname Forename

Programme/level

Field of Practice

Date of Referral Last Date of Attendance

**Grounds for Referral**

Health Disability Conduct/Behaviour Failure to Comply with Programme Requirements

**Please give a FULL description of the circumstances leading to the referral to the Fitness to Practise Committee. This should include/nature of concern and any significant events or behaviour which have contributed to this referral: Also include the details of any known interests or any person who may have first-hand evidence.**

Have you made the student aware of this referral to Fitness to Practise Committee? Yes No

Referrer Name Signature Date

**Please attach any supporting information and or evidence and forward by email. Please also ensure that you give a copy of this form to the student.**