# Appendix 1: Fitness to Practise Concern Form

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| **Fitness to Practise Concern Form**  **(BSc (Hons) Nutrition with Professional Practice)** | | |
| This form should be used by any member of staff, student or service user who has reason to believe that a student has breached the UCO’s Student Fitness to Practise (BSc (Hons) Nutrition with Professional Practice).  Before completing this form, please read the UCO’s Student Fitness to Practise (BSc (Hons) Nutrition with Professional Practice).  Please provide as much information as possible as it will help us to deal with your concern as quickly as possible. | | |
| **Section 1: About You**  ***Your personal details will be kept safely and confidentially.*** | | |
| Your Name: | |  |
| Your Correspondence Address: | |  |
| Telephone Number: | |  |
| Email Address: | |  |
| **Section 2: Description of the Fitness to Practise Concern**  ***In the space below lease set out as concisely as possible:***   1. ***The nature of the concern.*** 2. ***The names of any other persons involved (staff, students, or others).*** 3. ***When the concern (event or incident) occurred.*** 4. ***The exact circumstances of the concern (event or incident).***   ***If you also wish to give further details, please do so (using a separate sheet if required).*** | | |
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| **Section 3: Important Note** | | |
| Please note that some fitness to practise concerns may give rise to disciplinary action against students. There may also be circumstances in which the police may be notified. | | |
| **Section 4: Declaration**  ***(\*Please delete as applicable)*** | | |
| I\*/We\* have read\*/not read\* the UCO’s Student Fitness to Practise Policy (BSc (Hons) Integrated Nutrition & Dietetics Students).  I\*/We\* declare that the information contained on this form is correct. | | |
| **Signature:** |  | |
| **Date:** |  | |