

Department of Social Policy & Social Work

REFERRAL OF STUDENT TO FITNESS TO PRACTISE COMMITTEE

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| Student Details |

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| --- | --- | --- | --- |
| Surname |  | Forename |  |

|  |  |
| --- | --- |
| Programme  (& year) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of referral |  | Last date of  attendance |  |

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| --- |
| Grounds for Referral |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Health |  | Disability |  | Conduct/Behaviour |  | Failure to Comply with Programme Requirements |  |

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| Please give a FULL description of the circumstances leading to the referral to the Fitness to Practise Committee. This should include incident/nature of concern and any significant events or behaviour which have contributed to this referral:  *(box will expand as you type)* | |
| Have you made the student aware of this referral to Fitness to Practise Committee?  Yes No | |
| Name | |
| Signature | Date |

Please attach any supporting information and/or evidence and forward by email to   
spsw-ftp@york.ac.uk