**Cause for Concern Form**

The College is committed to investigating any Cause for Concern, including incidents involving unsafe procedures or practice in the College environment whether this be in the teaching clinic or during teaching weekends.

**Background Information**

**Location of Event: ………………………………………………………………………………………………..**

**Date (of Event): ………………………………………………………………………………………………..**

**Time (of Event): ………………………………………………………………………………………………..**

**Name of Participants: ………………………………………………………………………………………………..**

**Signature(s): ………………………………………………………………………………………………..**

**Summary**

**What happened?**

|  |
| --- |
|  |

**Date of ‘Cause for Concern Form’ completion: ………………………………………………………………..**

**Signature (College of Osteopaths): ………………………………………………………………..**

**Signature (Student(s): ………………………………………………………………..**

**Action taken**

|  |
| --- |
| **Referral to the Fitness to Practice Process – Preliminary Stage**  **Referral to the Fitness to Practice Process – Formal Hearing**  **Referral to the Student Conduct & Student Disciplinary Procedure**  **Referral to the Safeguarding Policy and or Prevent Policy** |

**Outcome**

|  |
| --- |
|  |

**Resolved: Yes/No Date: …………………………………………………**

**Programme Leader Signature: ……………………………………………………………………………………**

**Not Resolved – referral to SENIOR MANAGEMENT TEAM**

**Date ‘Cause for Concern Form’ passed to Senior Management Team: …………………………..**

**Action taken**

|  |
| --- |
|  |

**Outcome**

|  |
| --- |
|  |

**Resolved: Yes/No Date: …………………………………………………**

**SENIOR MANAGEMENT TEAM Signature: ……………………………………………………………………………………**

**Not Resolved – referral to Chair, Board of Governors**

**Date ‘Cause for Concern Form’ passed to Chair, Board of Governors: ………………………………………..**