



Fitness to Practise Concern

Name of student:
Student number:
Award registered on:
Cohort:

Name of person initiating the process:
Contact number:
Contact email:
Date of Referral:
Job Title:
Relationship to student concerned:

Area of concern:

If proven which guidance would be called into question?



Please use the following link to view the Fitness to Practise policy

<https://www.staffs.ac.uk/legal/policies/fitness-study-fitness-practise-procedure.jsp>

Has evidence been provided? (Please attach to form/email)

Please provide details of any witnesses that need to be interviewed as part of an investigation

Any further information?



Signed Dated.....

Print Name.....

Please email this form to the member of SMT responsible for Fitness to Practise when completed

Action by SMT member