

Concern Form

Section 1: About the person raising the concern

Title: Mr / Mrs / Ms / Dr / Other:.....
Delete as appropriate

Name:

Address:
.....
.....

Post Code:

Telephone:
Please provide us with a daytime telephone contact number

E-mail:

Section 2: About the person the concerns relate to

Title: Mr / Mrs / Ms / Dr / Other:.....
Delete as appropriate

Name:

Name & Address of Institution
at which the person teaches:
.....
.....

Post Code:

Section 3: About your concerns

Date when matters of concern occurred:

Time when matters of concern occurred:

Place where matters of concern occurred:

Section 5: Declaration & Signature

Please read the following statements carefully and, having done so, sign and date the form below to confirm that you have understood the statements and that you agree to the Institute for Learning (IfL) investigating your concerns.

- 1. I confirm that the information I have provided on this form is, to the best of my knowledge and belief, true and complete.
- 2. I understand that the IfL may hold personal data (including sensitive personal data) about me in electronic and paper formats. I consent to the processing of such data for the purposes of the investigation of and adjudication on the matters I have raised as a concern.
- 3. I understand that any information provided by me to the IfL may be disclosed:
 - a. To staff of the IfL for the purposes of investigating my concerns / complaint;
 - b. To members of the IfL committees (Investigating Committee, Professional Practice Committee and Appeal Committee) for the purposes of the investigation of and adjudication on my concerns;
 - c. To advisors and assessors (e.g. solicitors, legal assessors and medical assessors) acting on behalf of the IfL and its committees

and I consent to such disclosures being made.

- 4. I understand that the IfL is required to disclose to the relevant teacher (or her/his representative) any information provided by me in relation to the matters I have raised as a concern.
- 5. I wish the IfL to investigate the matters I have raised as a concern, in accordance with the relevant rules, and I undertake to offer such assistance as is required.
- 6. I understand that, if matters are referred to the Professional Practice Committee, I may be required to attend a hearing and give evidence.

Signed:

Date:

For Office Use Only

Date Received: Logged by:

Passed to: Acknowledgement:

Reference No: