# Self-referrals: Issue that may impair your fitness to practise

Please use this form to tell us about any issue that you think impairs your fitness to practise that is not covered by one of the other self-referral forms.

Section 1 – Information about you

Your name

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Your Social Work England registration number

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Your date of birth

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Your address

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Town

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Postcode

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Country

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Telephone number

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Email address

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Section 2 – Issue that affects your fitness to practise

Please tell us about the issue that affects your fitness to practise

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Please provide us with copies of any supporting documents along with this form.

Completed forms and any supporting information should be emailed to:

[triage@socialworkengland.org.uk](mailto:triage@socialworkengland.org.uk)

Alternatively, you can post your completed form to the following address:

Social Work England – Triage Team  
1 North Bank  
Blonk Street  
Sheffield  
S3 8JY

You may want to consider sending it as Recorded Delivery or Signed for Delivery.

If you wish to know more about how we will use your information, please see our guidance on how we use personal information when considering concerns about social workers:

<https://www.socialworkengland.org.uk/concerns/guidance-documents>