# Self-referrals: Health conditions

Use this form to tell us about a health condition that you think impairs your fitness to practise.

We ask about health conditions because we need to know that the people on our register are able to fulfil their role as a social worker safely and effectively.

Many people with health conditions are able to practise safely and effectively. You may receive support or treatment from a health care professional. Additionally, your employer has a responsibility to discuss what reasonable adjustments they can provide to support you at work.

You must tell us about a health condition if both of the following apply:

* Your health condition affects, or could affect, your ability to perform your role as a social worker safely and effectively (this includes any episodic conditions that may affect your ability to practise safely and effectively if you experience a recurrence);
* You do not have arrangements in place that manage the health condition and enable you to perform your role as a social worker safely and effectively.

Please provide the following information in relation to any health conditions that meet the criteria above.

Section 1 – Information about you

Your name

|  |
| --- |
|  |

Your Social Work England registration number

|  |
| --- |
|  |

Your date of birth

|  |
| --- |
|  |

Your address

|  |
| --- |
|  |

Town

|  |
| --- |
|  |

Postcode

|  |
| --- |
|  |

Country

|  |
| --- |
|  |

Telephone number

|  |
| --- |
|  |

Email address

|  |
| --- |
|  |

Section 2 – Details of health condition

Nature and seriousness of your health condition, including whether it is ongoing or episodic

|  |
| --- |
|  |

How does your condition affect your ability to practise safely and effectively?

|  |
| --- |
|  |

What steps you are taking to manage your health condition (e.g. medication, reduced hours) and how effective are these?

|  |
| --- |
|  |

Have you made your employer aware of your condition?

|  |
| --- |
|  |

Any relevant dates of occurrences and treatment

|  |
| --- |
|  |

Section 3 – Your medical professional’s contact details

Name

|  |
| --- |
|  |

Job title

|  |
| --- |
|  |

Address

|  |
| --- |
|  |

Town

|  |
| --- |
|  |

Postcode

|  |
| --- |
|  |

Country

|  |
| --- |
|  |

Telephone number

|  |
| --- |
|  |

Email address

|  |
| --- |
|  |

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>