**QUEEN’S UNIVERSITY BELFAST**

**FITNESS TO PRACTISE WITNESS STATEMENT FORM**

This form is for use by those wishing to submit a witness statement in reference to an existing fitness to practise concern raised against a QUB student.

Before completing this form, you may wish to seek advice and guidance from SU Advice (<https://q-su.org/AdviceSU/Academic/>). Support is also available from the Student Wellbeing Service (<https://www.qub.ac.uk/directorates/sgc/wellbeing/>).  
  
Anonymous witness statements will not be accepted.

**Section 1: Witness Details (Your Details)**

|  |  |
| --- | --- |
| Full Name: |  |
| Email: |  |
| Employer / Placement Provider (if relevant): |  |
| **For Queen’s students only:** |  |
| Student Number: |  |
| School: |  |
| Programme of Study: |  |

**Section 2: Case Reference**

Details of student whose case to which your statement relates:

|  |  |
| --- | --- |
| Full Name: |  |
| Student number (if known): |  |
| Student’s School (if known): |  |
| Programme of study (if known): |  |
| Year of study (if known): |  |

**Section 3: Witness Statement**

Please provide your witness statement below:

|  |
| --- |
| *Please note that this statement must only provide your personal and factual recollection of incidents.* |

**Section 4: Supporting Evidence**

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| **Please list all of the evidence and documentation attached in support your witness statement:** |

**Section 5: Declaration**

By signing and submitting this form, you are declaring that:

1. to the best of your knowledge, your witness statement contains a complete and accurate account of all the factors relevant to the fitness to practise concern;
2. you understand that a copy of this form and any supporting evidence will normally be provided to the Responding Student(s) who is/are the subject of the concern, or who is otherwise involved;
3. you understand that a copy of this form and any supporting evidence will normally be provided to the Reporting Person(s) who has raised the fitness to practise concern;
4. you consent to this information and supporting evidence being disclosed to the members of staff involved in the Fitness to Practise process;
5. you are aware that making a witness statement which is found to include false information may be deemed to be a breach of the Conduct Regulations (<https://www.qub.ac.uk/directorates/AcademicStudentAffairs/AcademicAffairs/GeneralRegulations/ConductRegulations/>) or Code of Conduct (<https://www.qub.ac.uk/directorates/HumanResources/managers/workplace-conduct/#conduct-in-the-workplace-1875506-3>) and associated policies.

Provided that the information has not already been disclosed as set out above, if you wish to withdraw consent to any information being disclosed, you may do so at any time by sending an email to [appeals@qub.ac.uk](mailto:appeals@qub.ac.uk).

Signed: Date:

The completed form should be sent by email to the relevant [School Office or Head of School](https://www.qub.ac.uk/contact/Schoolofficecontactdetails/).

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For office use only:

Date witness statement received: