BERMUDA NURSING COUNCIL
MINISTRY OF HEALTH
P.O. Box HM 674, Hamilton HM CX, Bermuda Government
Telephone (441) 278-4987● Fax (441) 232-1823
E-mail bermudanursingcouncil@gov.bm

Reporting Unfitness to Practice: Referring a registrant to the BNC – Employers

To all employers: This is the information the BNC needs to know so that they can consider your referral. **Please note that this form should only be used, if you are an employer referring a registered nurse, nurse specialist, advanced practice nurse, or nursing associate.**

You should give as much information as possible. This will help the Nursing Professional Complaints Committee (NPCC) and the BNC deal with the referral quickly.

If you are submitting a hand written form please use block letters or make sure it is legible. If you have any queries call the BNC at 441-292-0774 and someone will do their best to help you.

Section 1: About you	
Your name	
Your designation	
Name of the organization	
Correspondence address	
Your daytime telephone number	
Your email address	
Section 2: About the person(s) concerned	
On which part of the register is/are the person(s) you are complaining about	Advanced Practice Nurse ☐ Registered General Nurse ☐ Nurse Specialist ☐ Nursing Associate ☐

Please give the name(s) of the registrant(s) you are referring to the NPCC/BNC	
Name(s)	**Unit/Area of employment**
1. 2. 3. 4. 5	1. 2. 3. 4. 5.

Section 3: About the incident	
Please specify the department or place that the incident took place	KEMH – Specify ward/unit _____ MWI – Specify ward/unit _____ DOH – Specify Dept. _____ Nursing Home _____ Private residence _____ Physician's office _____ Insurance Business _____ School _____ Other _____
Please select the employment area of the person(s) concerned	Mental Health ☐ Learning Disability ☐ Midwifery ☐ Elderly care ☐ Adult ☐ Pediatric ☐ Other ☐
Where did the incident(s) take place? (Please provide the name and address of the hospital, nursing home, or place where the incident occurred. Please provide the name of the specific ward/department/unit. If there is more than one place where incidents took place then please provide the name and address of location of all places).	

Signed _____ Date _____

Section 4: Witnesses
Were there witnesses? If yes, please provide their details and copies of witness statements/reports. You should tell the witnesses that you are giving their statements to the BNC and that they may be called to give evidence. Please confirm that you have informed the witnesses and that they are willing to cooperate with the investigation: Yes □ No □
Section 5: Your action
Have you contacted any other agency on this matter, e.g. Police, Health Council, etc. If so please provide their contact details:

Signed _____ Date _____

When did the incident(s) take place? (Please give exact dates and times, if possible)
What happened? (Please describe what happened. There may not have been one major incident but, a series of smaller things over time). Please attach a copy of the report of the investigation where one has taken place and describe the actions taken by the organization in respect of the registrant(s) involved.

Section 6: Document checklist		
Please complete this document checklist. It will help us make sure that we have received the documents that you have sent.		
Please state in the boxes in the second column how many of the documents you have enclosed.		**For office use only**
Local investigation report		
Copies of witness statements		
Copies of relevant medical records		
Consent form patients/relatives to disclose their medical records		
Transcripts of disciplinary hearing or notes of investigation		
Criminal background check/Certificate of conviction if reporting a conviction		
Other (please specify)		

Section 7: Next steps

Thank you for completing this form. Please post or hand deliver the completed form to:

Bermuda Nursing Council
P.O. Box HM 674
Hamilton HM CX
Bermuda

You can also email the completed form and any attachments to bermudanursingcouncil@gov.bm. However, please note that we will not be able to proceed with the referral if we do not receive all supporting documents.

If your complaint is of an urgent nature, you can fax it to 1-441-232-1823. We will confirm receipt of your complaint and keep you informed about its progress. If the nature of your complaint falls outside the BNC remit, we will inform you.

Adapted from the Nursing and Midwifery Council (U.K.) (2010). Retrieved June 20, 2010 from: http://www.nmc-uk.org/Employers-and-managers/Fitness-to-practice/.