

Raising a fitness to practise concern

About this form

This is the information we need from you if you wish to report a fitness to practise concern to us.

Please read our brochure *How to raise a concern* and our factsheet *Standard of Acceptance Explained* before you fill in this form as these will help you to understand what concerns we can deal with and those which we cannot. Also they will help you understand how we deal with fitness to practise concerns. The brochure and factsheet can be found on our website at <http://www.hcpc-uk.org/complaints/raiseaconcern/> or both can be obtained by contacting us on the numbers below.

To complete this form by hand:

Print the form and write your responses in the spaces provided in clear, legible handwriting. If you require more space, please continue on additional sheets and attach them to the form.

To complete this form electronically:

Save the form to your desktop before completing it.

Please provide as much information as possible as it will help us to deal with your concern as quickly as possible.

If you wish to discuss your concern or if you need help to fill in this form, please telephone the Fitness to Practise Department on 0207 840 9814 or our Freephone (in the UK) number 0800 328 4218. Or you may email ftp@hcpc-uk.org.

1. About you

Name	Martin Newbold
Address	15 Valeeyside Road, Orvillage, Hastings , East Sussex TN355AD
Telephone number	01424430373
Email address	Martinnewbold.mn@gmail.com

2. The person you are raising a concern about

Please provide as much information as you can about the person you are raising a concern about. If you are raising a concern about more than one person, please complete separate forms for each person.

You may wish to check our online register for confirmation of the person's registration number: <http://www.hcpc-uk.org/check/>

Name	Christine Stirling
Profession	Social Worker
Registration number	SW61388
Address	East Sussex Children Services County Hall, PO Box 4, St Annes Crescent, Lewes, East Sussex BN7 1SG

If you do not know the person's full name, please provide any information that would help us to identify them. This could include their first name; where they work; the date and time of the incident; or a description of what they look like.

The incident occurred 2010 in regard to Court Care Proceeding HB 10 C 00055 This woman is now interfering in my children's case in Ireland 2018

3. About your concern

Please provide a clear description of what happened. There may be more than one event. If there is, you may find it helpful to describe each event in the order they happened.

Do not write 'see attached' – please provide a brief summary and continue on an additional sheet of paper if necessary.

I am concerned regard the fitness to practice of this social worker. It is clear from the transcription I provide complaint in regard to you 'Standard of Acceptance: Fitness to Practise Allegations'

I am aware through the Hearings that Christine Stirling made untruthful representation on the stand that she did not meet with court appointed experts. There was an attendance record notice in the court record. I visited the lady at action for change who had been asked to do an independent assessment with my daughter. I mother came with us and was told by the lady we had seen that she did not know anything about the report as Christine Stirling had written the report as an expert witness when she was Social Worker for children and appearing as opposition. Clearly this is not within jurisdiction of Queens bench Civil Procedures and thus unlawful. It would appear as Christine gave testimony that she had not met court appointed experts she was concealing her activities.

It is clear the social worker has an agenda which as not in best interest of the children. The placement of my child is now perilous and my daughter is now back in a 'looked after child' with the court appointed person looking after my daughter now dead as is her biological mother. I have evidence Ms Stirling is interfering in a case in Ireland where she is not employed some 7 years later.

**On which date(s) or over what time period did the event(s) take place?
Please give exact dates and times if possible.**

2006-2011 Hastings
2011-2018 Ireland Newry

Where did the event(s) take place?

The event(s) may have taken place in your home, at a hospital, clinic or private practice or somewhere else. Please provide the name (where relevant) and address if possible. If events occurred in more than one place, please provide the name and address where each event took place.

Hastings Family Court, Bohemia Rd, Hastings TN34 1ND

Did anyone else see what happened? Please provide their names and contact details.
Mrs Shiela Newbold 01424430373 Right Honourable Judge Hollis 01273 670888

4. Your actions

Have you contacted any other organisations about your concern? For example, the person's employer, a professional body or the police?	Yes	X	No	
If yes, please provide their contact details and a summary of the action, if any, they are taking. If you have contacted the police, please provide the name and contact details of the investigating officer. Please keep us informed of the progress of any on-going investigation that other organisations may be carrying out and advise us of the final outcome and provide us with all the relevant documents.				
No actions was taken as social worker moved to another area and did not complete her court appointed duties of contact				

Please note that if your concern is currently being investigated by another organisation, we will consider whether we should carry out our investigation at the same time or whether it is more appropriate for us to wait until the other organisation has finished its procedures.

5. Additional information

Please use the space below to provide any additional information that may help us. If you need further space, please continue on another sheet of paper.

Any further information?
I am quite appalled at the way my daughters mother was treated which led to her demise.

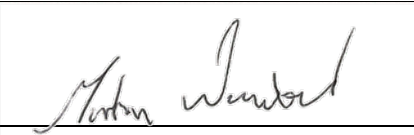
6. Supporting documentation

Please attach copies of documents or material which support your concern (i.e. provide evidence of your concern). Please use the table below to set out what documentation you are sending to us. If the documentation you are sending is not included on the list below, please add the type of documentation to the list.

Supporting documentation (copies)	Attached
Notes you have made at the time of the event/s or soon afterwards	
Correspondence between you and the person you have a concern about	
Correspondence you have received in response to raising your concerns with another organisation, for example, the person's employer or the police	
Other types of documents (please specify below)	

7. Declaration

- To the best of my knowledge, the information I have provided is accurate.
- I understand that to investigate this matter the HCPC will need to share my referral, and any information I provide relating to it, with the registrant concerned and may also need to share it with other relevant parties as appropriate.
- I understand that if this matter is referred to a public hearing I may be called to give evidence.

Signed:		Date: 11 July 2018
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8. Next steps

Thank you for completing this form. There are two ways to send the completed form to us.

1. By post: Securely seal the signed form in an envelope along with copies of the supporting documentation, and send it to:

Fitness to Practise Department
The Health and Care Professions Council
184 Kennington Park Road
London
SE11 4BU

You may wish to use recorded post.

2. By email: Attach a scanned copy of the signed form along with electronic copies of the supporting documentation, and email to ftp@hcpc-uk.org.

We will write to you to let you know that we have received your concern. We will then keep you informed about what is happening.

If we are unable to assist with your concern, we will try to put you in contact with the appropriate organisation.