

**BEFORE THE FITNESS TO PRACTISE COMMITTEE**

**OF THE GENERAL OPTICAL COUNCIL**

**GENERAL OPTICAL COUNCIL**

**AND**

**[NAME OF REGISTRANT] – [REGISTRATION NUMBER]**

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**HEARING QUESTIONNAIRE - [PRESENTING OFFICER] [REGISTRANT]**

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**Please return by** Click here to enter a date.

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| **Registrant Details** | |
| **Registrant’s Full Name** | Click here to enter text. |
| **GOC Registration Number** | Click here to enter text. |
| **GOC Reference Number** | Click here to enter text. |

*Completion of this questionnaire will assist the Hearings team to determine when a substantive hearing of the allegation should take place, how long it will need to last and what steps must be taken before it can be held.*

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| **Representative’s details (Registrant to provide if represented)**  If we have the details of your representative, they will be listed below. You should contact us immediately if these details are incorrect, or if you are represented and their details have not been included. | | |
|  | **GOC** | **Registrant** |
| **Representative Name** | Click here to enter text. | Click here to enter text. |
| **Representative Organisation** | Click here to enter text. | Click here to enter text. |
| **Advocate Name & Chambers** | Click here to enter text. | Click here to enter text. |

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| **Admissions in relation the particulars of the allegation – (REGISTRANT ONLY)**  You should read these allegations carefully. If you are represented, you should speak to your representative before telling us whether you admit any allegations. | |
| **1.** |  |
| **Do you admit to the facts alleged in the charge above?** | Yes  No  Unknown |
| **2.** |  |
| **Do you admit to the facts alleged in the charge above?** | Yes  No  Unknown |
| **3.** |  |
| **Do you admit to the facts alleged in the charge above?** | Yes  No  Unknown |
| **4.** |  |
| **Do you admit to the facts alleged in the charge above?** | Yes  No  Unknown |
| **5.** |  |
| **Do you admit to the facts alleged in the charge above?** | Yes  No  Unknown |
| **6.** |  |
| **Do you admit to the facts alleged in the charge above?** | Yes  No  Unknown |
| **7.** |  |
| **Do you admit to the facts alleged in the charge above?** | Yes  No  Unknown |
| **8.** |  |
| **Do you admit to the facts alleged in the charge above?** | Yes  No  Unknown |
| If you have ticked “no” to any of the above, please tell us why in the space below. You can use additional pages if necessary. | |
| **Write additional notes here** | |

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| **Agreed Panel Disposal**  [Agreed Panel Disposal](https://www.optical.org/en/Investigating_complaints/fitness-to-practise-guidance/index.cfm) Is a hearing management tool that will be used by the General Optical Council to identify and process hearings which may be suitable for concluding without a contested hearing.  Both parties (the GOC and Registrant) will agree facts, impairment and sanction and will present this to the FTPC by way of a written report. | | |
| **Is this case suitable for APD?** | **GOC**  Yes  No  Unsure at this stage | **Registrant**  Yes  No  Unsure at this stage |
| **Write additional notes here** | | |

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| **Documents in the possession of the Presenting Officer:**  (to be completed by the presenting officer) | |
| **Please list any documents which:** | |
| **Are in your possession;** | Click here to enter text. |
| **May be relevant to the allegation** | Click here to enter text. |
| **Registrants response** | |
| **I accept the authenticity of the following documents:** | Click here to enter text. |
| **I accept the truth of the content of the following documents without the need for oral evidence to be given:** | Click here to enter text. |

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| **Documents in the possession of the Registrant:**  (to be completed by the Registrant) | |
| **Please list any documents that you wish to disclose at this stage which:** | |
| **Are in your possession;** | Click here to enter text. |
| **May be relevant to the allegation** | Click here to enter text. |
| **Presenting Officer’s response**  (To be answered by the presenting officer at the 1st case management meeting) | |
| **I accept the authenticity of the following documents:** | Click here to enter text. |
| **I accept the truth of the content of the following documents without the need for oral evidence to be given:** | Click here to enter text. |

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| **Access to original documents (REGISTRANT ONLY)** | |
| **Do you wish to inspect the original of any of the documents listed by the presenting officer above?** | Yes  No |
| **If so, please specify which documents** | Click here to enter text. |

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| **Witnesses (other than expert witnesses)**  Please provide the names of any witnesses whom you would intend to call to give evidence | | | | | |
| **Witness Name** | **GOC / Registrant** | **Stage of proceeding to be called at** | **Statement Agreed**  **(Registrant only)** | **Attendance Required**  **(Registrant only)** | **Comments** |
| Click here to enter text. | Click here to enter text. | Facts  Impairment  Sanction | Yes  No  Unknown | Yes  No  Unknown | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Facts  Impairment  Sanction | Yes  No  Unknown | Yes  No  Unknown | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Facts  Impairment  Sanction | Yes  No  Unknown | Yes  No  Unknown | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Facts  Impairment  Sanction | Yes  No  Unknown | Yes  No  Unknown | Click here to enter text. |
| **Write additional notes here** | | | | | |

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| **Expert Witnesses**  If you may wish to rely on expert evidence, please provide the name and profession of such a witness (e.g. optometrist, dispensing optician, ophthalmologist) | | |
| **Name and profession of GOC expert(s) witnesses** | Click here to enter text. | |
| **Name and profession of Registrants expert(s) witnesses** | Click here to enter text. | |
| **Joint expert meeting required?** | **GOC**  Yes  No  Unknown | **Registrant**  Yes  No  Unknown |
| **When are your expert report(s) likely to be available for service on the other party?** | **GOC**  Click here to enter text. | **Registrant**  Click here to enter text. |
| **Write additional notes here** | | |

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| **Preliminary issues**  If you know of any preliminary issues upon which you may wish to make submissions, please state the nature of the issues concerned.  This will enable the GOC Hearings team to determine whether or not to direct a separate hearing on the issue.  (The Committee will make such directions as are appropriate including the possible exchange of skeleton arguments). | | |
| **Any preliminary issues still outstanding?** | **GOC**  Yes  No  Click here to enter text. | **Registrant**  Yes  No  Click here to enter text. |
| **Write additional notes here** | | |

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| **Health Concerns (REGISTRANT ONLY)**  This information assists the Council in determining whether or not the presence of a Clinical Adviser will be necessary at the hearing. | |
| **Are there any personal health issues upon which you may wish to make submissions?** | Click here to enter text. |

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| **Reasonable adjustments**  Any reasonable adjustments that are required by either party for those attending the hearing (in any capacity) | |
| **GOC** | Click here to enter text. |
| **Registrant** | Click here to enter text. |
| **Write additional notes here** | |

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| **Substantive hearing dates and length of hearing**  Please provide dates upon which you or your witnesses would be unable to attend the substantive hearing? | | |
|  | **GOC** | **Registrant** |
| **Registrant** |  | Click here to enter text. |
| **Witness(es)** | Click here to enter text. | Click here to enter text. |
| **Expert(s)** | Click here to enter text. | Click here to enter text. |
| **Counsel** | Click here to enter text. | Click here to enter text. |
| **How long do you anticipate that the hearing will last?** | Click here to enter text. | Click here to enter text. |

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| **Other directions** | | |
| **Are there any other directions or other matters you would wish to be considered (e.g. (Rule 40) - Admissibility of evidence, (Rule 41) - vulnerable witness arrangements (provision of audio-visual equipment etc.)?** | **GOC**  Yes  No  Click here to enter text. | **Registrant**  Yes  No  Click here to enter text. |
| **Write additional notes here** | | |

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| **Attendance at the 1st telephone conference call** | | | |
| **Will you be participating in the 1st telephone conference on**  Click here to enter a date.**?** | **GOC**  Yes  No  Unknown  Click here to enter text. | | **Registrant**  Yes  No  Unknown  Click here to enter text. |
| **If you do not intend to attend will your representative be there on your behalf?** | | Click here to enter text. | |
| **Write additional notes here** | | | |

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| **Declaration**  I understand that the information provided in this form, including any admissions, maybe taken into account by the Fitness to Practise Committee making the final determination of the allegation. | | |
|  | **GOC** | **Registrant**  **(To be completed by the Registrant/ Representative)** |
| **Signed** | Click here to enter text. | Click here to enter text. |
| **Print name:** | Click here to enter text. | Click here to enter text. |
| **Date:** | Click here to enter a date. | Click here to enter a date. |