
**BEFORE THE FITNESS TO PRACTISE COMMITTEE
OF THE GENERAL OPTICAL COUNCIL**

GENERAL OPTICAL COUNCIL

AND

[NAME OF REGISTRANT] – [REGISTRATION NUMBER]

HEARING QUESTIONNAIRE - [PRESENTING OFFICER] [REGISTRANT]

Please return by [Click here to enter a date.](#)

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.

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.

Representative's details (Registrant to provide if represented)		
<p>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.</p>		
	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.

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. If you are not represented, than you may wish to seek legal advice before completing this form.

1.	
Do you admit to the facts alleged in the charge above?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer
2.	
Do you admit to the facts alleged in the charge above?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer
3.	
Do you admit to the facts alleged in the charge above?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer
4.	
Do you admit to the facts alleged in the charge above?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer
5.	
Do you admit to the facts alleged in the charge above?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer
6.	
Do you admit to the facts alleged in the charge above?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer
7.	
Do you admit to the facts alleged in the charge above?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer
8.	
Do you admit to the facts alleged in the charge above?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer
Write additional notes here	

Expediated Hearing:(to be completed by the Registrant) **(REGISTRANT ONLY)****Do you wish to hold an expediated hearing?** Yes No**If so, please specify reasons:**

Click here to enter text.

Agreed Panel Disposal

Agreed Panel Disposal 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 Agreed Panel Disposal?**GOC** Yes No Unsure at this stage**Registrant** Yes No Unsure at this stage**Write additional notes here****Mode of Hearing**

A remote hearing - is one where all the hearing takes place by video/audio link;

A hybrid hearing [not expected to be available until at least April 2021] - is one where one or more of the parties to the hearing are physically present at the hearing venue for one or more of the hearing days (for example 6 of 12 participants) with the remainder attending remotely (for example the remaining 6 of 12 participants).

A physical hearing - is one where all the hearing takes place at a physical location.

A blended hearing – where some of the hearing takes place remotely and some of the hearing takes place at a physical location. For example, evidence to be heard at a physical location and the remainder to take place remotely.

The Hearings team will determine on a case by case basis whether a case is most suitable to be heard physically, remotely or as a hybrid. Please provide below as much information possible to enable us to determine the most appropriate mode of hearing for this case. Please state N/A (not applicable) where there are no factors to consider.

Further information can be found in the remote hearing protocol [here](#).

Please contact the hearings team should you wish to discuss the mode of hearing or have a query about the suitability factors set out below - hearings@optical.org.

Suitability factors**GOC Response****Registrant Response**

<p>Whether the registrant and other participants have sufficient access to and understanding of technology, and access to an appropriate environment to enable them to take part effectively in a remote hearing, including having access to advice: The GOC are able to allow registrants or witnesses to attend the office to participate in a hearing or attend by other means such as audio.</p>	Click here to enter text.	Click here to enter text.
<p>Whether there is a reason to believe that there are risks of a breach of privacy that cannot be overcome</p>	Click here to enter text.	Click here to enter text.
<p>Any features of the case which make it particularly difficult for it to be held remotely, for example difficulties in presenting evidence which cannot be accommodated at a remote hearing.</p>	Click here to enter text.	Click here to enter text.
<p>Any evidence which suggests that the integrity or fairness of the hearing may be compromised by a remote hearing</p>	Click here to enter text.	Click here to enter text.
<p>The impact of any disabilities or other vulnerability of any of the participants</p>	Click here to enter text.	Click here to enter text.
<p>The public interest in the expeditious disposal of cases - pausing hearings may lead to backlogs of cases and may delay necessary action to protect the public or restore registrants to practise and may impact on the wellbeing of those taking part.</p>	Click here to enter text.	Click here to enter text.
<p>The health of participants and, in particular, whether they fall within the groups likely to be at high risk of serious adverse effects if they contract Covid-19 may dictate the necessity of a remote hearing. The pandemic is not over, and social distancing and other restrictions are likely to continue for some time which will make it difficult for regulators to hold the same number of physical hearings.</p>	Click here to enter text.	Click here to enter text.
<p>The ability to ensure that the hearing complies with Government guidance on the safety of all involved, for example if a full or local lockdown is in effect then a remote hearing may be the most appropriate option.</p>	Click here to enter text.	Click here to enter text.

The ability to ensure that the hearing complies with Government guidance on the safety of all involved , for example if a full or local lockdown is in effect then a remote hearing may be the most appropriate option.	Click here to enter text.	Click here to enter text.
Any other matters that may affect the smooth running of the hearing	Click here to enter text.	Click here to enter text.
Proposed mode of hearing?	GOC <input type="checkbox"/> Remote <input type="checkbox"/> Hybrid <input type="checkbox"/> Physical <input type="checkbox"/> Blended	Registrant <input type="checkbox"/> Remote <input type="checkbox"/> Hybrid <input type="checkbox"/> Physical <input type="checkbox"/> Blended
Write additional notes here		

Documents in the possession of the Presenting Officer: (to be completed by the presenting officer)	
Please list any documents which the GOC wish to rely on and place before the Fitness to Practise Committee;	Click here to enter text.
Please list any proposed unused material;	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.

Access to original documents (REGISTRANT ONLY)	
Do you wish to inspect the original of any of the documents listed by the presenting officer above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please specify which documents	Click here to enter text.
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.

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.	<input type="checkbox"/> Facts <input type="checkbox"/> Impairment <input type="checkbox"/> Sanction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Click here to enter text.
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Facts <input type="checkbox"/> Impairment <input type="checkbox"/> Sanction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Click here to enter text.
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Facts <input type="checkbox"/> Impairment <input type="checkbox"/> Sanction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Click here to enter text.
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Facts <input type="checkbox"/> Impairment <input type="checkbox"/> Sanction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Click here to enter text.
Write additional notes here					

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?	<table border="0"> <tr> <td>GOC</td> <td>Registrant</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	GOC	Registrant	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
GOC	Registrant								
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes								
<input type="checkbox"/> No	<input type="checkbox"/> No								
<input type="checkbox"/> Unknown	<input type="checkbox"/> 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		

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

Health Concerns		
<p>This information assists the Council in determining whether or not the presence of a Clinical Adviser will be necessary at the hearing.</p>		
Are there any personal health issues upon which you may wish to make submissions? (REGISTRANT ONLY)	Click here to enter text.	
Clinical Adviser required?	GOC <input type="checkbox"/> Yes <input type="checkbox"/> No	Registrant <input type="checkbox"/> Yes <input type="checkbox"/> No

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		

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.
Write additional notes here		

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 <input type="checkbox"/> Yes <input type="checkbox"/> No Click here to enter text.	Registrant <input type="checkbox"/> Yes <input type="checkbox"/> No Click here to enter text.
Write additional notes here		

Attendance at the 1st telephone conference call

Will you be participating in the 1st telephone conference?	GOC <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Click here to enter text.	Registrant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		

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.