**PROFESSIONAL DISAGREEMENT – STEP 4: REFERRAL TO NCASP**

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| **Name and designation of Referrer:** |  |
| **Contact Details of Referrer:** |  |
| **Date information passed to NCASP Business Manager:** |  |

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| **Reason for implementing the Professional Disagreement Protocol (to be completed by the referrer):** |
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| **Stage 1 - Resolution by professional/practitioner** |
| **Actions Taken** |
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| **Outcome/Impact** |
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| **Stage 2 – Resolution by Line Manager** |
| **Action taken** |
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| **Outcome/Impact** |
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| **What is the learning from this action and how will it be shared?** |
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| **Stage 3 – Resolution by Senior Manager (or equivalent)** |
| **Action Taken** |
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| **Outcome/Impact** |
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| **What learning is identified?** |
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| --- | --- |
| **Date completed:** |  |
|  |  |
| **Signed:** |  |

Send to [Saira.Park@northumberland.gov.uk](mailto:Saira.Park@northumberland.gov.uk)