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**CONFIDENTIAL AND RESTRICTED**

**Referral Form for Allegations Against**

**People Who Work In Positions of Trust (PIPOT)**

This referral applies to allegations or concerns raised about a person, whether an employee, volunteer, or student, paid or unpaid, who works with or cares for adults with care and support needs.

**Criteria for Position of Trust** *(please tick those which apply)*

**Concern/allegation is identified in connection with:**

|  |  |
| --- | --- |
|  | The person is in a position of trust in his/her own work/voluntary activity (with Adults and/or Children). For example, allegations of abuse or neglect have been made against a worker or volunteer of the abuse or neglect of an adult or with care and support needs or child). |
|  | The person is in a position of trust and allegations of abuse and or neglect have been made against him/her in life outside of work concerning adults with care and support needs in the family, social circle. For example, where the person concerned is accused of abusing his older mother and he/she works as a domiciliary care worker with adults with care and support needs. Or where the person is convicted of grievous bodily harm and also works in a residential home for people with learning disabilities. |
|  | The person is in a position of trust and his/her life outside work allegations are made concerning risks to the individual's own children or other children. For example, where a woman who works in a host authority with women who suffer domestic abuse and lives in the neighbouring authority is subject to child protection procedures involving her own children due to domestic abuse by her husband |
| Points for Consideration | |
|  | Has the person behaved in a way that has harmed or may have harmed an adult with care and support needs? |
|  | Has the person possibly committed a criminal offence against or related to an adult(s) with care and support needs? |
|  | Has the person otherwise behaved towards an adult with care and support needs in a way that indicates he/she is unsuitable to work with adults with care and support needs? |
|  | Has the person behaved in a way that has harmed children or may have harmed children, which means their ability to provide a service to adults with care and support needs must be reviewed? |
|  | Is the person subject to abuse themselves which means their ability to provide a service to adults with care and support needs must be reviewed? |
|  | Has the person behaved in a way which questions their ability to provide a service to an adult with care and support needs which must be reviewed e.g. conviction for grievous bodily harm against someone who is an adult with care and support needs? |

1. **Referral Details:**

|  |  |
| --- | --- |
| **Date of Referral** |  |
| **Date of Alleged Incident(s)** |  |

**Details of Referrer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **First Name** |  |
| **Position** |  | | |
| **Agency** |  | | |
| **Address** |  | | |
| **Contact Details for Referrer** | **Telephone Number:**  **Email Address:** | | |

1. **Consent:**

Please note that in circumstances where you do not have consent to share confidential information, you may lawfully share it if this can be justified in the public interest. Seeking consent should be the first option. However, where consent cannot be obtained or is refused, or where seeking it is inappropriate or unsafe, the question of whether there is a sufficient public interest must be judged by the practitioner on the facts of each case

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Did you inform the person in position of trust regarding this referral? |  |  |
| Did the person give consent for this information to be shared with her/his employer? |  |  |
| Is the person aware that the information can still be lawfully shared with her/his employer without her/his consent? |  |  |

1. **Person in Position of Trust Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **First Name** |  |
| **Date of Birth** |  | **Gender** |  |
| **Home Address** |  | | |
| **Current Address (if different)** |  | | |
| **ID number if known** |  | **Telephone Number** |  |
| **Race** |  | **Religion** |  |
| **Language** |  | **Gender** |  |
| **Disability** |  | **Sexuality** |  |

1. **Other Household Members**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Male/Female** | **DOB** | **Relationship** | **First Language** | **Parental Responsibility**  **Yes/No** |
|  |  |  |  |  |  |
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1. **Details of Organisation & Address that Person in Position of Trust Works/Volunteers For:**

|  |  |
| --- | --- |
| **Name of Organisation** |  |
| **Address** |  |
| **Is the Organisation CQC Registered** | **Yes/No** |
| **Job Title & Role:** | |
| **Does the Person in Position of Trust have a Professional Registration?**  *(e.g NMC, HCPC, GMC etc.)* | **Yes / No**  State: NMC / HCPC / GMC / (specify) |
| **Manager Contact Details at Employing Organisation:** | Name:  Address:  Email:  Telephone: |
| **Current employment status (e.g. permanent/temporary/agency/full time /part time/zero hours):** |  |
| **Has this person been referred to the** Adult Safeguarding Lead **before?**    **When? What were the concerns and the outcome?**    **e.g. managed as an advice issue or went to a POT meeting** | Yes / No |
| **Does the Person in Position of Trust know you are making this referral?** | Yes / No |
| **If not why not? (Please note there may be some situations where the adult may be placed at greater risk if the PIPOT is informed immediately.)** |  |

1. **Details of Incident/Concern**

|  |  |
| --- | --- |
| **Brief description of concerns:** |  |
| **Was the victim a child or adult with care and support needs?** | Child / Adult at Risk / Other (please state) |
| **Are there adult or children’s safeguarding procedures currently in process?** | Adult Safeguarding Procedures: Yes / No  Children’s Safeguarding Procedures: Yes / No |
| **Police Crime Reference Number *(if applicable)*** | **Person in Position of Trust:**    **Child (if applicable):** |

1. **Details of Alleged Victim:**

**No. of Victims**

|  |  |  |
| --- | --- | --- |
| **1st - Adult / Child / Young Person / other individual Specify** | **ID Number if applicable:** |  |
| **Full Name:** | **DOB:** |  |
| **Gender:** | **Male / Female** | |
| **Current/Past Local Authority Involvement (specify):** | **Child in need / child protection/not applicable** | |
| **If a child) Parent’s names and DOB: (*if different)*** | **Adult / Child’s Relationship to the Alleged Person in Position of Trust:** | |

|  |  |  |
| --- | --- | --- |
| **2nd - Adult / Child / Young Person / other individual Specify** | **ID Number if applicable:** |  |
| **Full Name:** | **DOB:** |  |
| **Gender:** | **Male / Female** | |
| **Current/Past Local Authority Involvement (specify):** | **Child in need / child protection/not applicable** | |
| **If a child) Parent’s names and DOB: (*if different)*** | **Adult / Child’s Relationship to the Alleged Person in Position of Trust:** | |

|  |  |  |
| --- | --- | --- |
| **3rd - Adult / Child / Young Person / other individual Specify** | **ID Number if applicable:** |  |
| **Full Name:** | **DOB:** |  |
| **Gender:** | **Male / Female** | |
| **Current/Past Local Authority Involvement (specify):** | **Child in need / child protection/not applicable** | |
| **If a child) Parent’s names and DOB: (*if different)*** | **Adult / Child’s Relationship to the Alleged Person in Position of Trust:** | |

|  |  |  |
| --- | --- | --- |
| **4th - Adult / Child / Young Person / other individual Specify** | **ID Number if applicable:** |  |
| **Full Name:** | **DOB:** |  |
| **Gender:** | **Male / Female** | |
| **Current/Past Local Authority Involvement (specify):** | **Child in need / child protection/not applicable** | |
| **If a child) Parent’s names and DOB: (*if different)*** | **Adult / Child’s Relationship to the Alleged Person in Position of Trust:** | |

*copy and paste here victims information if more than 4 victims~*

1. **Please provide names of key individuals connected to the Alleged Person in Position of Trust as the Adult PIPOT Lead will need to consider who to invite to the PIPOT meeting:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job role/title** | **Name and**  **Job role** | **Organisation** | **Telephone Number** | **Email Address** |
| **Supervisor/Line manager** |  |  |  |  |
| **HR/Personnel** |  |  |  |  |
| **Provider Manager** |  |  |  |  |
| **Police contact** |  |  |  |  |
| **Contract and Commissioning contact for provider** |  |  |  |  |
| **CQC Contact for provider** |  |  |  |  |
| **Health**  **Professional** |  |  |  |  |
| **Others** |  |  |  |  |

1. **Please provide names of key individuals connected to the Alleged Victim(s) as the Adult PIPOT Lead will need to consider who to invite to the PIPOT meeting:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job role/title** | **Name and**  **job role** | **Organisation** | **Telephone Number** | **Email Address** |
| **Social Worker** |  |  |  |  |
| **Health**  **Professional** |  |  |  |  |
| **Advocate** |  |  |  |  |
| **Provider** |  |  |  |  |
| **Voluntary Agency** |  |  |  |  |
| **Contract and Commissioning contact for provider** |  |  |  |  |
| **Others** |  |  |  |  |

1. **For Completion by Adult PIPOT Lead** - Case Recording (record name after each entry or group of entries)

|  |  |
| --- | --- |
| **Adult Safeguarding Lead ADVICE:** | Adult Safeguarding Lead **ACTIONS** |
|  |  |
|  |  |
| **Date referral received:** | **Date advice given:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Adult Safeguarding Lead **DECISION:** |  |  |  |
| **Not PIPOT, referred to another process/procedure (specify):** |  | **Initiate PIPOT procedures:** |  |
| **Request further information from referrer (Referrer to action)** |  | **Request further information from other sources:** |  |
| **Refer to LADO if appropriate** |  |  |  |
| **DECISION DATE:** |  |  |  |