



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:		

2. 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?		

3. 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	

4. Other Household Members

Name	Male/Female	DOB	Relationship	First Language	Parental Responsibility Yes/No

5. 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.)	

6. 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):

7. Details of Alleged Victim:

No. of Victims

1 st - 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:	

2 nd - 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:	

3 rd - 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:
---	---

4 th - 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~

8. 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				

9. 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				

10. 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		Request further information from other sources:	

referrer (Referrer to action)			
Refer to LADO if appropriate			
DECISION DATE:			