Person in a Position of Trust (PiPoT)

Referral/Reporting Form

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| ***Confidential and Restricted***  ***ALLEGATIONS AGAINST PEOPLE WHO WORK IN POSITIONS OF TRUST (PoT) WITH ADULTS.*** |

SECTION 1:

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| Date referral sent: | Click or tap to enter a date. |
| Date of alleged incident: | Click or tap to enter a date. |

SECTION 2: REFERRER DETAILS

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| --- | --- | --- | --- |
| First Name: |  | Surname: |  |
| Organisation: |  | Position: |  |
| Tel Number: |  | Email: |  |
| Adress: |  | | |

SECTION 3: CRITERIA FOR PiPoT

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| *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. These individuals are known as People in a Position of Trust (PiPoT).* | |
| *(Tick those which apply)* | |
| *The person in a POT’s* ***own work/voluntary activity*** *(with adults and /or children) (e.g., where a worker or volunteer has been accused of the abuse or neglect of an adult with care and support needs or child).* | *Yes  No* |
| *The person in a POTs* ***life outside work*** *i.e. concerning adults with care and support needs in the family, social circle (e.g. where a son is accused of abusing his older mother and he also works as a home support worker with adults with care and support needs. Or where a woman is convicted of grievous bodily harm and also works in a residential home for people with a learning disabilities).* | *Yes  No* |
| *The Person a POTs* ***life outside work*** *i.e****. concerning risks to children, the individual’s own children or other children*** *(e.g. where a woman whop works in a host authority with women who have experienced 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).* | *Yes  No* |

AND THE PERSON HAS:

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| *Behaved in a way that has harmed or may have harmed an adult with care and support needs.* |  |
| *Possibly committed a criminal offence against or related to an adult/s with care and support needs.* |  |
| *Otherwise behaved towards an adult with care and support needs or in a way that indicates they are unsuitable to work with adults with care and support needs.* |  |
| *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.* |  |
| *Behaved in a way which questions their ability to provide a service to an adult with acre and support needs which must be reviewed e.eg conviction for grievous bodily harm against someone who is not ana adult with care and support needs.* |  |

SECTION 5: PERSON IN POSITION OF TRUST DETAILS

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| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | | | Surname: | |  | |
| Date of birth: |  | | | Gender: | |  | |
| Home address: |  | | | Tel number: | |  | |
| Tel Number: |  | | | Email: | |  | |
| Current address (if different): |  | | | | | | |
| Religion: |  | Language: |  | | Sexuality: | |  |
| Ethnicity: |  | Disability: |  | |  | |  |

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| *Other Household Members (inc family)* | | | | | | | | | | | |
| **Name** | **Male/Female** | | **DOB** | | | | | **Relationship** | **Parental Responsibility** | **First Language** | |
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| *Organisation & Adress the POT works/volunteers for:* | | | | |  | | | | | | | |
| *Is the organisation CQC registered?* | | | | | *Yes  No* | | | | | | | |
| *Job Title & Role:* | |  | | | | | *Does the POT have a professional registration? (e.g. NMC, Social Work, RGN etc)* | | | | *Yes  No* | |
| *Managers contact details at employer:* | | Name: | |  | | | | | | | | |
| Address: | |  | | | | | | | | |
| Tel number: | |  | | | | | | | | |
| Email: | | | |  | | | | | | |
| *Current employment status:*  *e.g. permanent/temp/agency/full time/part time* | | | | | |  | | | | | | |
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| *Has the person ben referred to the Safeguarding lead before?* | | | | | | *Yes  No* | | | | | | |
| *When?* | | | | | |  | | | | | | |
| *What were the concerns?* | | | | | |  | | | | | | |
| *Does the POT know you are making this referral?* | | | | | | *Yes  No* | | | | | | |
| *If not, why not? NB: there may be some situations where the adult may be placed at greater risk if the POT is informed immediately. See PiPoT protocol for further information.* | | | | | |  | | | | | | |
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SECTION 6: INCIDENT DETAILS

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| *Brief description of concerns:* | |
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| Was the person alleged to have been harmed a child or adult with care and support needs? | Child  Adult with care and support needs |
| Are there adult or children’s safeguarding procedures currently in process? | *Yes  No* |
| Police crime reference number (if applicable) |  |

SECTION 7: PERSON ALLEGED TO HAVE BEEN HARMED DETAILS

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| *Number of people harmed:* |  |

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| --- | --- | --- | --- | --- |
| 1st – Adult/Child/Young Person/Other individual |  | | ID Number if known: |  |
| Full Name: |  | | DOB: |  |
| Gender: | Male  Female | Child in Need  Child protection  Not applicable | Current/Past Local Authority |  |
| (If a child)  Parents Names: |  | | Adult/Child’s relationship to the Alleged PiPoT |  |
| Parents DOB: |  | |

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| 2nd - Adult/Child/Young Person/Other individual |  | | ID Number if known: |  |
| Full Name: |  | | DOB: |  |
| Gender: | Male  Female | Child in Need  Child protection  Not applicable | Current/Past Local Authority |  |
| (If a child)  Parents Names: |  | | Adult/Child’s relationship to the Alleged PiPoT |  |
| Parents DOB: |  | |

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| 3rd - Adult/Child/Young Person/Other individual |  | | ID Number if known: |  |
| Full Name: |  | | DOB: |  |
| Gender: | Male  Female | Child in Need  Child protection  Not applicable | Current/Past Local Authority |  |
| (If a child)  Parents Names: |  | | Adult/Child’s relationship to the Alleged PiPoT |  |
| Parents DOB: |  | |

\*\*\*Copy and paste her if more information needed\*\*\*

**Please provide names of key individuals connected to the Alleged PiPoT** as the Adult Safeguarding Lead will need to consider who to invite to the PiPoT meeting

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Job Role/Title*** | ***Name & Job Role*** | ***Organisation*** | ***Telephone*** | ***Email*** |
| **HR/Personnel** |  |  |  |  |
| **Provider manager** |  |  |  |  |
| **Police Contact** |  |  |  |  |
| **Contract & Commissioning contact provider** |  |  |  |  |
| **CQC for provider** |  |  |  |  |
| **Health professionals** |  |  |  |  |
| **Others** |  |  |  |  |
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**Please provide names of key individuals connected to the Alleged Person(s) that have been harmed** as the Adult Safeguarding Lead will need to consider who to invite to the PiPoT meeting

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| --- | --- | --- | --- | --- |
| ***Job Role/Title*** | ***Name & Job Role*** | ***Organisation*** | ***Telephone*** | ***Email*** |
| **Social Worker** |  |  |  |  |
| **Health professional** |  |  |  |  |
| **Advocate** |  |  |  |  |
| **Provider** |  |  |  |  |
| **Voluntary agency** |  |  |  |  |
| **Health professionals** |  |  |  |  |
| **Others** |  |  |  |  |
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For completion by Adult safeguarding Lead – PiPoT Case Recording (Record name after each entry)

SECTION 9:

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| *Adult safeguarding lead* ***Advice:*** |  | *Adult safeguarding lead* ***Actions****:* |  |
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|  |  |
| *Date referral received:* |  | *Date Advice given:* |  |

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| Adult Safeguarding lead’s **Decision:** | | | | | |
| Not Adult PiPoT, referred to another process/procedure (specify): |  | Initiate PiPoT procedures: |  | Request Further information from referrer: |  |
| Request further information from other sources: |  | Refer to other ASC for management: |  | Refer to LADO: |  |

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| --- | --- | --- | --- |
| Date/Time | Recording | Outcome/Actions | Contact details |
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