# **Allegations against People in a Position of Trust (PiPOT) Referral Form**

***(Source: Coventry Safeguarding Adult Position of Trust Best Practice Guidance)***

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|  | **CONFIDENTIAL AND RESTRICTED**  **ALLEGATIONS AGAINST PEOPLE IN A POSITION OF TRUST (PiPOT) REFERRAL FORM** |  |

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| **Date Referral sent:** |  | **Date of alleged incident:** |  |

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| **REFERRER DETAILS** |  |

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| **Family Name** |  | **First Name/s** |  |
| **Position** |  | **Email address** |  |
| **Agency** |  | **Tel. No/Mobile** |  |
| **Address** |  | | |
| **Has consent been sought from the referrer to make a referral?** | **Yes No Don’t Know** | | |

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 Positions of Trust (PiPoT).

**Criteria for PiPOT:**

*Tick those which apply:*

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

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|  | The PiPoT's own work/voluntary activity (with Adults and/or Children) (for example where a worker or volunteer has been accused of the abuse or neglect of an adult with care and support needs or child) |
|  | The PiPoT's life outside work i.e. concerning adults with care and support needs in the family, social circle (for example where a son is accused of abusing his older mother and he also works as a domiciliary care 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 learning disabilities) |
|  | The PiPoT's life outside work i.e. concerning risks to children, the individual's own children or other children (for example where a woman who works ina 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) |

***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 s/he is 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. |
|  | May be subject to abuse themselves 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 care and support needs which must be reviewed e.g. conviction for grievous bodily harm against someone who is not an adult with care and support needs. |

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| **PERSON IN POSITIONS OF TRUST DETAILS** |

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| **PERSONAL DETAILS OF THE EMPLOYEE/VOLUNTEER BEING REFERRED for POSITION OF TRUST** | | | | | | | | | | | | | |
| **Family Name** | |  | | | | **First Name/s** | | | |  | | | |
| **Date of Birth** | |  | | | | **Gender** | | | |  | | | |
| **Home Address** | |  | | | | | | | | | | | |
| **ID Number (if known)** | |  | | | | **Tel. No** | | | |  | | | |
| **Current Address**  **(if different)** | |  | | | | | | | | | | | |
| **Race** | | | | **Religion** | | | | | **Language** | | | | |
| **Gender** | | | | **Sexuality** | | | | | **Disability** | | | | |
| **Other Household Members (including non-Family)** | | | | | | | | | | | | | |
| **Name** | **M/F** | | **DOB** | | **ID** | | **Relationship to Child/Young Person /Adult** | | | | **First Language** | **Parental Responsibility** | |
| **Yes** | **No** |
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| **Organisation & Address Person in Position of Trust Works/Volunteers for:** | | | | | | | |  | | | | | |
| **Is the organisation named above 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 PiPOT meeting** | | | | | | | | Yes / No | | | | | |
| **Does the Person in Position of Trust know you are making this referral?**  **Have they given consent for the referral to be made?** | | | | | | | | Yes / No  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. See PiPoT policy for further detail))** | | | | | | | |  | | | | | |
| **Date the Person in Position of Trust was informed of the referral** | | | | | | | |  | | | | | |

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| **INCIDENT/CONCERNS DETAILS** |

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| **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):** |

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| **ALLEGED VICTIMS DETAILS** |

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| **No. of Alleged Victims** |  |

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| **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:** | |

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| **2nd - Adult / Child / Young Person / other individual** | | | **ID Number if applicable:** |
| **Full Name:** | | | **DOB:** |
| **Gender:** | **Male / Female** | | |
| **Current/Past LA Involvement:** | | **Indicate if 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** | | | **ID Number if applicable:** |
| **Full Name:** | | | **DOB:** |
| **Gender:** | **Male / Female** | |  |
| **Current/Past LA Involvement:** | | **Child in need / child protection** | |
| **(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 3 victims~*

**Please provide names of key individuals connected to the Alleged Person in Position of Trust as the Adult Safeguarding Lead will need to consider who to invite to the PiPOT meeting(s):**

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| **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 for provider** |  |  |  |  |
| **Health Professional** |  |  |  |  |
| **Others** |  |  |  |  |
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**Please provide names of key individuals connected to the Alleged Victim(s) as the Adult Safeguarding Lead will need to consider who to invite to the PiPOT meeting(s):**

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| **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** |  |  |  |  |
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**For Completion by** Adult Safeguarding Lead - PiPOT Case Recording (record name after each entry or group of entries)

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

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

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| **Date/Time** | **Recording** | **Outcome/Actions** | **Contact Details** |
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