|  |
| --- |
| **Staff in Confidence Appendix 1 to PIPOT Guide:**  **ALLEGATIONS AGAINST PEOPLE WHO WORK IN POSITIONS OF TRUST**  **INFORMATION RECORDING FORM**  **Once completed you will need to refer this onto your organisation’s internal PIPOT lead**  **List here names & contact details of all organisational PIPOT leads.** |

A picture containing text, transport, wheel

Description automatically generated

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

|  |  |
| --- | --- |
| **Referrer Details (including name, email address & phone number)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name** |  | **First Name/s** |  |
| **Position** |  | **Email address** |  |
| **Agency** |  | **Tel. No/Mobile** |  |
| **Address** |  | | |

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:**

### Tick those which apply:

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

|  |  |
| --- | --- |
|  | The person in a position of trust’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 person in a position of trust’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 person in a position of trust’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 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) |

**And the person has:**

|  |  |
| --- | --- |
|  | 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 an adult with care and support needs is not. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSON IN POSITION OF TRUST DETAILS** | | | | | | | | | | | | | |
| **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** |
|  |  | |  | |  | |  | | | |  |  | |
|  |  | |  | |  | |  | | | |  |  | |
|  |  | |  | |  | |  | | | |  |  | |
| **Organisation & Address Person in Position of Trust Works/Volunteers for:** | | | | | | | |  | | | | | |
| **Is the organisation named above is 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 / SWE (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)** |  |

|  |  |
| --- | --- |
| **INCIDENT/CONCERNS DETAILS** | |
| **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):** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ALLEGED VICTIM DETAILS** | | | | |  |
| **Number of Alleged Victims** | |  | | |  |
|  | | | | | |
| **1st - Adult / Child / Young Person** | | | | **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** | | | **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** | | | **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 further information if more than 3 victims~*

## 

## 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 for provider** |  |  |  |  |
| **Health Professional** |  |  |  |  |
| **Others** |  |  |  |  |
|  |  |  |  |  |

**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** |  |  |  |  |
|  |  |  |  |  |

**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:** |  |  |  |