**PERSON IN A POSITION OF TRUST (PiPOT) REFERRAL FORM GUIDANCE**

**TO BE COMPLETED WITHIN 24 HOURS OF BECOMING AWARE OF THE CONCERN**

**Please refer to the** [**West Midlands Adult Position of Trust framework**](https://www.safeguardingwarwickshire.co.uk/images/downloads/West-Midlands-Policy-and-Procedure/WM_Adult_PoT_Framework_v2.0.pdf) **for further information**

Care Act definitions used:

A Person in a Position of Trust (PiPOT) is:

* anyone who carries out work whether an employee, volunteer or student (paid or unpaid) on behalf of an agency which has access to adults with care and support needs: **or**
* anyone who has access to privileged information about adults with care and support needs as part of their work

An adult at risk of abuse or neglect is someone who:

* has care and support needs
* is experiencing, or is at risk of, abuse or neglect; and
* is unable to protect themselves because of their care and support needs

**Where there are concerns that the PiPOT poses a risk of harm, a referral should be made using the form below**

When making a referral you must make a clear distinction between an allegation, a concern about the quality of care or practice, or a complaint as we just need to know the allegations that highlight those incidents where there is a risk of harm.

Allegations against people who work with adults at risk must not be dealt with in isolation. Any corresponding action necessary to address the welfare of adults with care and support needs should be taken without delay and in a coordinated manner, to prevent further safeguarding concerns.

Decisions on sharing information ***must be justifiable and proportionate, based on the potential or actual harm to adults at risk and the rationale for decision-making should always be recorded.***

When sharing information about adults at risk between agencies it should only be shared:

* where relevant and necessary, not simply all of the information held
* with the relevant people who need all or some of the information
* when there is a specific need for the information to be shared at that time

**Once received, your submission will be reviewed by the PiPOT lead within 2 working days and you will be contacted to advise what will happen next.**

**PERSON IN A POSITION OF TRUST – REFERRAL FORM**

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| **REFERRER’S DETAILS** | | | | | | | | | | | | |
| Name | | | |  | | | Position | | |  | | |
| Address | | | |  | | | Contact details | | |  | | |
| Is the PIPOT aware of this referral? | | | |  | | | When did you speak to the PIPOT about making this referral? | | |  | | |
| If not, why not? (Bearing in mind that this could increase risk) | | | |  | | | What are their views on this information being shared with/by their employer? | | |  | | |
|  | | | | | | | | | | | | |
| **DETAILS OF THE PERSON BEING REFERRED** | | | | | | | | | | | | |
| Surname | | | |  | | | First name(s) | | |  | | |
| DOB | | | |  | | | Gender | | |  | | |
| Home address | | | |  | | | Telephone number | | |  | | |
| Occupation/job title/role | | | |  | | | Professional registration? | | |  | | |
| Workplace address | | | |  | | | Employment start date | | |  | | |
| Employment basis (eg temporary/permanent/probationary period) | | | |  | | | Current status (eg suspended/moved to other duties) | | |  | | |
|  | | | | | | | | | | | | |
| **OTHER HOUSEHOLD MEMBERS** | | | | | | | | | | | | |
| Name | | | | DOB | | | ID number | | | Relationship | | |
|  | | | |  | | |  | | |  | | |
|  | | | |  | | |  | | |  | | |
|  | | | | | | | | | | | | |
| **DETAILS OF THE EMPLOYER THE PERSON WORKS/VOLUNTEERS FOR** | | | | | | | | | | | | |
| Name | | | |  | | | Address | | |  | | |
| Telephone number | | | |  | | | Employment sector (eg local authority/ health/voluntary) | | |  | | |
| CQC registered? | | | |  | | | CQC registration number | | |  | | |
| Has the person been the subject of a previous PIPOT? | | | |  | | | If so please provide details and outcome | | |  | | |
|  | | | | | | | | | | | | |
| **REASON FOR REFERRAL** | | | | | | | | | | | | |
| **Date of incident** | |  | | | **Date of referral** | | | |  | | | |
| **In your opinion what is the nature of the alleged harm (please tick all relevant boxes)?** | | | | | | | | | | | | |
| Conduct outside work |  | | Discrimination | | |  | | Domestic abuse | | | |  |
| Emotional/ Psychological |  | | Financial/material | | |  | | Inappropriate behaviour in work | | | |  |
| Modern slavery |  | | Neglect/acts of omission | | |  | | Other (not listed) | | | |  |
| Physical |  | | Sexual | | |  | | Sexual exploitation | | | |  |
| **Provide a full description of allegations/concerns (including all relevant dates and times if known)** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Were adults or children at risk involved in the incident? If so, provide details (including names and dates of birth)** | | | | | | |  | | | | | |
| **Has a safeguarding referral been made? Provide date/time/alert reference** | | | | | | |  | | | | | |
| **Detail how you feel the PIPOT criteria has been met** | | | | | | | | | | | | |
| The PIPOT has potentially behaved in a way that may have harmed adults/children with care and support needs, which means that their ability to provide a service to adults with care and support needs must be reviewed | | | | | | | | | | |  | |
| The PIPOT has potentially committed a criminal offence against or related to adults/children with care and support needs | | | | | | | | | | |  | |
| The PIPOT has potentially behaved towards adults/children with care and support needs in a way which indicates that they are unsuitable to work with or may pose a risk to adults with care and support needs | | | | | | | | | | |  | |
| The PIPOT has potentially behaved in a way which raises questions about their ability to provide a service to adults with care and support needs eg conviction for grievous bodily harm against a person who is not an adult/child with care and support needs | | | | | | | | | | |  | |
| The PIPOT has potentially been subject to abuse themselves which means that their ability to provide a service to adults with care and support needs must be reviewed | | | | | | | | | | |  | |
|  | | | | | | | | | | | | |
| **ACTIONS TAKEN** | | | | | | | | | | | | |
| Have the police been informed? Provide crime reference/ incident log | | | | | | |  | | | | | |
| Has the regulatory body been informed? Provide reference number | | | | | | |  | | | | | |
| Have HR/personnel department been informed? | | | | | | |  | | | | | |
| Name(s) and role(s) or person(s) supporting the PIPOT | | | | | | |  | | | | | |
| Any other information relevant to this referral | | | | | | |  | | | | | |

**ONCE COMPLETED SUBMIT THIS FORM TO** [**PIPOT@dudley.gov.uk**](mailto:PIPOT@dudley.gov.uk)