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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Person in a position of trust (PIPOT) checklist** | | | | | | | | | |  |
| The PIPOT has potentially committed a criminal offence against or related to adults with care and support needs | | | | | | | | | |  |
| The PIPOT has behaved towards an adult with care and support needs in a way which indicates that they are unsuitable to work with adult with care and support needs | | | | | | | | | |  |
| The PIPOT has behaved in a way which has harmed children or may have harmed children which means that their ability to provide a service to adults with care and support needs must be reviewed | | | | | | | | | |  |
| The PIPOT may be subject to abuse themselves which means that their ability to provide a service to adults with care and support needs must be reviewed | | | | | | | | | |  |
| The PIPOT has behaved in a way which raises questions about their ability to provide a service to adults with care and support needs e.g. conviction for grievous bodily harm against a person who is not an adult with care and support needs | | | | | | | | | |  |
|  | | | | | | | | | | |
| **Personal details of the employee/volunteer being referred under PIPOT guidelines** | | | | | | | | | | |
| **Family name** | |  | **First name(s)** | | | |  | | | |
| **DOB** | |  | **Home address** | | | |  | | | |
| **ID number** | |  | **Telephone number** | | | |  | | | |
|  | | | | | | | | | | |
| **Other household members (if known)** | | | | | | | | | | |
| **Name** | | **DOB** | **ID number** | | | | **Relationship** | | | |
|  | |  |  | | | |  | | | |
|  | |  |  | | | |  | | | |
|  | | | | | | | | | | |
| **Organisation/address PIPOT works/volunteers for** | | |  | | | | | | | |
| **Is the organisation CQC registered?** | | |  | | | | | | | |
| **Job title/role** | | |  | | | | | | | |
| **Does the PIPOT have a professional registration? If so please state** | | |  | | | | | | | |
| **Manager’s contact details at employing organisation** | | | Name  Position  Address  Email  Telephone | | | | | | | |
| **PIPOT’s current employment status** | | |  | | | | | | | |
| **Has the PIPOT been referred under the PIPOT procedures before?** | | |  | | | | | | | |
| **If so please provide details of the concerns and the outcome** | | |  | | | | | | | |
| **Does the PIPOT know that you are making this referral?** | | |  | | | | | | | |
| **If not, why not (please note that there may be occasions when informing the PIPOT can place the adult/child at greater risk)** | | |  | | | | | | | |
|  | | | | | | | | | | |
| **INCIDENT/CONCERNS DETAILS** | | | | | | | | | | |
| **Date of incident (if known)** | | |  | | | | | | | |
| **Brief description of concerns** | | |  | | | | | | | |
| **Was the victim an adult or child at risk?** | | |  | | | | | | | |
| **If so, has an adult or children’s safeguarding referral been made?** | | | Alert reference  Date | | | | | | | |
| **Please provide details of key individuals connected to the PIPOT or adult/child at risk as the safeguarding manager will need to consider who to invite to the PIPOT meeting** | | | | | | | | | | |
| **Job role** | **Name** | | | **Organisation** | | **Telephone** | | | **Email** | |
| **Supervisor/line manager** |  | | |  | |  | | |  | |
| **HR** |  | | |  | |  | | |  | |
| **Police** |  | | |  | |  | | |  | |
| **Contracts/commissioning** |  | | |  | |  | | |  | |
| **CQC** |  | | |  | |  | | |  | |
| **Health professional** |  | | |  | |  | | |  | |
| **Key individuals connected with any victim** |  | | |  | |  | | |  | |
| **PLEASE DISCUSS PIPOT CONCERNS WITH SAFEGUARDING/MASH MANAGER AND SEND REFERRAL FORM TO** [**PIPOT@dudley.gov.uk**](mailto:PIPOT@dudley.gov.uk) | | | | | | | | | | |
| **Safeguarding manager advice/actions (to be recorded in PIPOT folder on O drive)** | | | | |  | | | | | |
| **Safeguarding manager decision** | | | | | Not PIPOT, referred to other process:  Disciplinary  Criminal | | | Initiate PIPOT procedure | | |
| Further information required from referrer/ other sources | | | Referral to LADO | | |
| **Decision date** | | | | |  | | | | | |

**This referral should be retained in the individual’s PIPOT folder on the O drive**

**Please refer to the West Midlands guidance and best practice documents for further information:**

[**https://www.safeguardingwarwickshire.co.uk/safeguarding-adults/i-work-with-adults/west-midlands-regional-safeguarding-information-hub**](https://www.safeguardingwarwickshire.co.uk/safeguarding-adults/i-work-with-adults/west-midlands-regional-safeguarding-information-hub)