**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** | NamePositionAddressEmailTelephone |
| **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 referenceDate |
| **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** |
| **Safeguarding manager advice/actions (to be recorded in PIPOT folder on O drive)** |  |
| **Safeguarding manager decision** | Not PIPOT, referred to other process:DisciplinaryCriminal | 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)