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**Allegations against People who work in Positions of Trust (PiPoT)**

**Referral Form**

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| **(M) Date Referral Sent:** |  |
| **Date of Alleged Incident:** |  |

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| **Referrer Details** |
| **(M) Surname:** |  |
| **Name(s):** |  |
| **Address:** |  |
| **Email Address:** |  |
| **Telephone Number:** |  |
| **Agency:** |  |
| **Job Title:** |  |

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 a Person in Position of Trust (PiPoT) and the process is the Position of Trust (PoT) process.

The following form is designed to collect as much information as possible about the Person in a Position of Trust (PiPoT).

You will note that some of the questions have a **(M)** next to them, this indicates that you must answer this question, before submitting the form. You may leave any other questions you are unable to answer blank; someone will contact you to talk through the information you have supplied and ask for further information if necessary.

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| **Criteria for Position of Trust (PoT) Referral** (please tick all that apply) |

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| **(M) Concern/Allegation is Identified in Connection with:** |
| The PiPoT’s own work/voluntary activity (with Children and/or Adults with Care and Support Needs) *e.g. where a worker or volunteer has been accused of the abuse or neglect of an Adult with Care and Support Needs or a Child.* |  |
| The PiPoT’s life outside work i.e. concerning Adults with Care and Support Needs in the family, social circle *e.g. where a son is accused of abusing his older mother and 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*e.g. 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.* |  |
| **(M) 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 she/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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|  **(M) Personal Details of the Employee/Volunteer being referred for Position of Trust (PiPoT) Please complete as much as possible.** |
| **Surname:** |  |
| **First Name:** |  |
| **Date of Birth:** |  |
| **Gender:** |  |
| **Home Address:** |  |
| **Telephone Number:** |  |
| **Current Address (if different from above):** |  |
| **ID Number (if known):** |  |
| **Ethnicity:** |  |
| **Religion:** |  |
| **First Language:** |  |
| **Sexuality:** |  |
| **Disability:** |  |
| **Other Household Members (including non-family):** |
| **Name** | **Male/Female** | **Date of Birth** | **ID** | **Relationship to Child/Young Person/Adult** | **First Language** | **Parental Responsibility** |
| **Yes** | **No** |
| Again fill in as much information as possible  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **(M) Organisation and Address of PiPoT works/volunteers for:** |  |
| **Is the Organisation CQC Registered?** |  |
| **Job Title and Role:** |  |
| **Does the PiPOT have a Professional Registration?** *e.g. NMC, HCPC, GMC, etc. If yes, please state:* |  |
| **Manager Contact Details at Employing Organisation:** |  |
| **Current Employment Status:***e.g. permanent/temporary/agency/full time/part time/zero hours* |  |
| **Has this PiPOT been referred to the Designated Safeguarding Lead before?***If yes, when? What were the concerns and outcomes?**e.g. managed as an advice issue or went to a PoT meeting.* |  |
| **(M) Does the PiPOT know you are making this referral?***If not, why not?**(Please note that there may be some situations where the adult may be placed at greater risk if the PiPoT is informed immediately.)* |  |

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| **Incident/Concern Details** |
| **(M) Brief Description of Concerns:** |  |
| **(M) Was the Victim a Child or Adult with Care and Support Needs?** |  |
| **Are there Adult or Children’s Safeguarding Procedures currently in process?** |  |
| **Police Crime Reference Number:***(if applicable)* |  |

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| **Alleged Victims Details**  |
| **Number of Alleged Victims***If there is more than one alleged victim, please use the continuation sheet to complete individual details.* |  |
| **Adult/Child/Young Person/Other Individual** *(please specify)* |  |
| **ID Number:** *(if applicable)* |  |
| **(M) Full Name:** |  |
| **Date of Birth:** |  |
| **Gender:** |  |
| **Current/Past Local Authority Involvement:** |  |
| **Child in Need/Child Protection:** |  |
| **(If a child) Parent’s Names and DOB:** |  |
| **Adult/Child’s relationship to the Alleged****PiPOT:** |  |

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| **Key Individuals connected to the Alleged Person in Position of Trust (PiPoT)**Please provide names and contact details of key individuals connected to the alleged PiPOT as the Designated Safeguarding Lead will need to consider who to invite to the PoT meeting. |
| *For example: Supervisor/Line Manager; Human Resources; Police; Contracts & Commissioning; CQC; Health Professionals etc* |

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| **Key Individuals connected to the Alleged Victim(s)**Please provide names of key individuals connected to the alleged victim(s) as the Designated Safeguarding Lead will need to consider who to invite to the PoT meeting. |
| *For example: Social Worker; Health Professional; Advocate; Contracts & Commissioning; Voluntary Agency* |

**Once complete, please forward to Family Connect on** **familyconnect@telford.gcsx.gov.uk****, who will pass on the details to the Professional Lead/Service Delivery Manager for the Adult Safeguarding Team.**

**Should you have any questions on the above form or need help in answering the questions, please contact Family Connect on 01952 385385.**

**Information on the West Midlands Position of Trust Procedure, can be accessed here**

[**http://www.telfordsafeguardingadultsboard.org/sab/info/1/home/4/information\_for\_professionals\_carers\_and\_health\_workers**](http://www.telfordsafeguardingadultsboard.org/sab/info/1/home/4/information_for_professionals_carers_and_health_workers)

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| **For Completion by Designated Safeguarding Lead** |
| **Designated Safeguarding Lead ADVICE:** | **Designated Safeguarding Lead ACTIONS:** |
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| **Date Referral Received:** |  | **Date Advice Given:** |  |
| **Designated Safeguarding Lead DECISION:** |
| embers (including non-family):Adult not in Position of Trust, referred to another process/procedure. Please specify. |  | Initiate Position of Trust procedures |  |
| Request further information from referrer(Referrer to action) |  | Request further information from other sources(Designated Safeguarding Lead to action) |  |
| Refer to other Designated Safeguarding Lead for management |  | Refer to Local Authority Designated Officer (LADO) if appropriate |  |
| **Designated Safeguarding Lead DECISION date:** |