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**Allegations against people who work in Positions of Trust (PiPoT) with Adults Referral/Reporting Form**

**Continuation Sheet**

Please complete a separate sheet for each Alleged Victim and attach to the main form.

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| --- | --- |
| **Alleged Victims details** | |
| **Adult/Child/Young Person/Other individual (please specify)** |  |
| **ID number:**  **(if applicable)** |  |
| **(M) Full name:** |  |
| **(M) 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):** |  |