[](http://nww.intranet.rdash.nhs.uk/home/corporate-templates/rotherham-doncaster-and-south-humber-nhs-foundation-trust-rgb-blue/)

**Appendix 2**



**Person in a Position of Trust (PiPOT) Referral Form**

**Allegations against people who work in a position of trust (staff and volunteers) with adults with care and support needs**

**A referral should be made if there is reasonable cause to believe that a person who works with adults with care and support needs 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 at risk
* Behaved towards an adult at risk in a way which indicates unsuitability to work with adults with care and support needs
* Behaved in a way that has harmed or may have harmed children 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 adults with care and support needs which must be reviewed e.g. conviction for assault outside the work environment

This form **MUST** be fully completed prior to any PIPOT scoping meeting being convened and any supporting evidence must be made available to assist in the decision making process.

If this information is not available, we are unable to convene the initial PIPOT scoping meeting

Please email fully completed forms to [RDaSH.Safeguardingadults@nhs.net](mailto:RDaSH.Safeguardingadults@nhs.net)

**Referrer details**

|  |  |
| --- | --- |
| Date of Referral |  |
| Name of person completing referral |  |
| Referrer position / role |  |
| Referrer organisation / service |  |
| Referrer telephone number |  |
| Referrer email address |  |
|  |  |

**Details of the person of concern (PIPOT)**

|  |  |
| --- | --- |
| Full name |  |
| Date of Birth |  |
| Gender |  |
| Name / address / telephone details of their manager |  |
| Occupation – job title / role |  |
| Workplace address |  |
| Date started role |  |
| DBS |  |
| Any previous concerns? |  |

**Reason for your referral**

In your opinion what is the nature of the alleged harm? (please tick all that apply)

|  |  |
| --- | --- |
| Sexual / Sexual Exploitation |  |
| Physical |  |
| Domestic Abuse |  |
| Psychological |  |
| Financial |  |
| Neglect / Acts of Omission |  |
| Discriminatory |  |
| Modern slavery |  |
| Conduct outside work |  |
| Inappropriate behaviour in work |  |
| Other (please specify) |  |

Is the PIPOT aware of the allegations and the referral?

|  |
| --- |
|  |

Full description of allegations and concerns

|  |
| --- |
|  |

|  |
| --- |
|  |

Any other information

|  |
| --- |
| (Dates, times, witnesses etc) |

Does the PIPOT have any other role with children or other adults at risk (if so, in what capacity)

|  |
| --- |
|  |

**Actions taken by manager to manage the alleged/identified risk**

Please include the following, in as much detail as possible, including name, roles and contact details (populate as applicable)

Have you reported this to the police?

|  |
| --- |
|  |

Have you informed any regulatory body (NMC / Social Work England / CQC / GMC etc)

|  |
| --- |
|  |

Have you informed the People Experience Team?

|  |
| --- |
|  |

Name and role of person supporting the PIPOT

|  |
| --- |
|  |

Have you completed an Incident report (IR1),

*please document the reference number*

|  |
| --- |
|  |

Any Other information

|  |
| --- |
|  |

**Details of Adults at Risk / Children**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Date of Birth | Ethnicity (if known) | Nature of care and support needs (if known) | Legal Status (CoP / DOLs) | Details of IMCA /  Advocate / carer support |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |