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

Using this referral Form:

This referral form relates to allegations or concerns raised about a person, whether and employee, volunteer or student, paid or unpaid who **works with or cares for adults with care and support needs** whether current or historical.

Check list: (please tick all that apply)

If none of the below are relevant please contact Louise Shawcross [l.s.shawcross@bury.gov.uk](mailto:l.s.shawcross@bury.gov.uk) before taking/making a referral utilising the **Allegation Management Initial Consideration** Form.

Part 1 and 2 where possible to be completing by the person reporting the allegations.

Part 3 to be completed by the Manager receiving the allegations or where appropriate the PiPoT lead.

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|  | **PART 1** |
| Tick where relevant √ | The referral is in connection with concerns relating to : - |
|  | Incident within a work environment (paid or unpaid) |
|  | Incident within the person’s personal life |
| Tick where relevant √ | And the person has: |
|  | Behaved in a way that has harmed or may have harmed an adult or child. |
|  | Committed a criminal offence against, or related to, an adult or child. |
|  | Behaved (or is alleged to have behaved) towards children in a way that indicates that they may pose a risk of harm to adults with care and support needs. |
|  | Behaved (or is alleged to have behaved) towards children in a way that indicates that they may pose a risk of harm to adults with care and support needs. |
|  | Subject of a formal safeguarding enquiry into allegations of abuse and are also working within another setting where adults with care and support needs may also be at risk. |
|  | They have behaved in a way which questions their ability to provide a service to an adult with care and support needs e.g. conviction for grievous bodily harm against someone who is not an adult with care and support needs, investigated for drug dealing or drug usage |
| Other: please state. |  |

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|  | | **PART 2 - Referrer, PiPoT and Victim** | | | |
| Date of Referral: | |  | | | |
| Date of Alleged incident: | |  | | | |
| **Referrer Details** | | | | | |
| Name: | | |  | | |
| Your Position/Job Title: | | |  | | |
| Work Address: | | |  | | |
| Contact Number: | | |  | | |
| Email Address: | | |  | | |
| **Details of the Person against whom the allegations have been made** | | | | | |
| Name: | | |  | | |
| Gender: | | |  | | |
| Date of Birth: | | |  | | |
| Home Address: | | |  | | |
| First Language: | | | *If this person’s first language is not English, please advise also if they require an interpreter/signer etc.* | | |
| Who does the person work for and in what role (can include paid/unpaid/work as a student). | | | *Please advise who the person (including address) works for and in what role. i.e. works as a carer within a residential care home for older people at 123 Popular Walk, Bury, BL0 1AB.* | | |
| Manager details of employing organisation. | | | *Where possible please give the name and contact details of the person’s manager.*  Is this Manager aware of the concerns/allegations? Yes  No | | |
| Are you aware of any previous relevant allegations made against this person? If yes please state if possible what they were, when the occurred and what the outcome was. | | |  | | |
| Does the person know that a referral is being made? | | | Yes  No  If No, why not..................................................... | | |
| Are there anything we need to know about this person that may raise the risk of harm to either themselves or others? | | |  | | |
| **Details of the Alleged Victim**  (if there is more than one victim please copy this section and repeat)  If the details of the victim are unknown – Please enter “details unknown” but given as much information as possible.  If there is no known victim please enter “no victim” | | | | | |
| Name: | | |  | | |
| Gender: | | |  | | |
| Date of Birth: | | |  | | |
| Further details if alleged victim is a child | | |
| Has a referral been made to the LADO? – YES  NO  If yes, please state date of referral............................... | | |
| Home Address: | | |  | | |
| What care and support needs does this person have? (either formal or informal) | | |  | | |
| Relationship to Adult against whom allegations have been made. | | | *i.e. Adult cares for the victim, is son/daughter of victim.* | | |
| Details of Person/People supporting the Victim. | | | *Please give details of i.e. name, relationship to the victim and contact details of anyone who is actively supporting the victim i.e. social worker, mental health worker etc. Including police reference number if available.* | | |
| **Nature of the Allegation/Concern** | | | | | |
| Please give details of the allegation or concern: | | |  | | |
| Action Already taken: | | | *To the best of your knowledge please advise what action has already been taken in relation to either the Person against whom the allegations have been made (i.e. arrested, charged, referral to professional body, suspended from work, put on restricted duties etc) or in relation to the victim (i.e. removed to a place of safety, supported through social work/health care intervention etc).* | | |
| Names and contact details of Key individuals | | | *Please give below the name(s), organisation, contact number and email address of any key individuals connected to the Care Worker – as the PiPoT lead will need to consider who to contact.* | | |
| Are you aware of any current relevant enquiries relating to either victim or PiPoT? | | | *Please give details of type of enquiry/investigation and details of key contact officer in the enquiry.* | | |
| **Part 3 - Initial Considerations for completion by Manager/PiPoT lead only** | | | | | |
| Key Questions | Question | | | Evidence | |
| Has the criteria been met? | | |  | |
| Is the person already known for similar offences? | | |  | |
| Does the person work in a setting where there are or likely to be adults at risk? | | |  | |
| What is the type of access the person has/the frequency of it? | | |  | |
| What is the severity of the allegation? | | |  | |
| What is the likelihood of a reoccurrence? | | |  | |
| Does the incident relate to them as a victim or perpetrator? | | |  | |
| Outcome: | Does not meet criteria – other action taken. | | | |  |
| Close – matter is not disclosable. | | | |  |
| Further information needed before decision can be made. | | | |  |
| Non-urgent disclosure recommended. | | | |  |
| Urgent disclosure to employer recommended. | | | |  |
| Rationale: |  | | | | |
| Date complete: |  | | | | |

**When complete please forward to the PiPoT Lead marking “confidential PiPoT information” in the subject line of the enquiry - insert contact details.**