|  |  |
| --- | --- |
| cid:image003.png@01CDBE83.D65F5EA0 | **Haringey Person in a Position of Trust (PIPOT) Referral form[[1]](#footnote-1)**  Allegations against people who work in positions of trust (Staff, volunteers, students and carers) with vulnerable 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 an adult with care and support needs or may have harmed an adult with care and support needs.
* Possibly committed a criminal offence again or related to an adult with care and support needs.
* Behaved towards an adult with care and support needs in a way that indicates that he or she may pose a risk of harm to adults with care and support needs.

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrers Details:** | | | |
| Date of referral: |  | | |
| Name of the person completing this referral: | | |  |
| Position or role: |  | | |
| Organisation or service: | |  | |
| Phone Numbers: |  | | |
| Email address: |  | | |

|  |  |  |
| --- | --- | --- |
| **Details of the person of concern (PIPOT)** | | |
| Full name: |  | |
| Date of birth: |  | |
| Gender: |  | |
| Home address: |  | |
| Does the PIPOT have care or support needs? | | Yes  No Don’t know |
| If yes to the question above, please indicate what these are, and support needs are: | |  |
| In which sector is the PIPOT employed (e.g., Local Authority, Health, voluntary or Education sector)? | |  |
| PIPOT’s occupation/job title/role: | |  |
| Employer’s name, address and phone number | |  |
| PIPOT’s workplace address | |  |
| Employment start date (if known) | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reasons for this referral:** | | | |
| In your opinion what is the nature of the alleged harm? (please tick which apply): | | | |
| Conduct outside work |  | Neglect or acts of omission |  |
| Discriminatory |  | Physical |  |
| Domestic abuse |  | Psychological |  |
| Financial or material |  | Sexual |  |
| Inappropriate behaviour in work |  | Sexual Exploitation |  |
| Modern slavery |  | Other |  |
| If ‘Other’, please give details: |  | | |

|  |  |
| --- | --- |
| Is the PIPOT aware of the allegations and the referral? | Yes  No Don’t know |

|  |
| --- |
| Give a full description of the allegations and concern(s) |
|  |
| Please give any further information (e.g. time, witnesses etc) |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the PIPOT have any role with children or other vulnerable adults? | | Yes | No | Don’t know |
| If ‘yes’, in what capacity? |  | | | |

|  |  |  |
| --- | --- | --- |
| **Child / adult details:** | | |
| **Name** | **Date of birth** | **Location** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Actions taken by the employer to date to manage the alleged/identified risk:  Please include as much details as possible, including names / role / contact details: | | | | | | | |
|  | | | | | | | |
| Have you informed the Police? | | Yes | | | | No | |
| Have you Informed CQC | Yes | | | | | No | |
| Which other regulatory bodies have you informed? | | | | |  | | |
| Have you informed your HR / Personnel Dept? | | | | Yes | | | No |
| Name the person supporting the PIPOT: | | |  | | | | |
| Role of the person supporting the PIPOT: | | |  | | | | |
| Please give any other information: | | | | | | | |
|  | | | | | | | |

**Details of the alleged victim(s)[[2]](#footnote-2)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | **Date of birth** | |  | **Gender** |  |
| **Disabilities (if known)** | | |  | | | | | |
| **Address** | |  | | | **Ethnicity (if known)** | | |  |
| **Legal Status (CoP / DoLS)** | | | |  | | | | |
| **Details of IMCA / Advocate / carer support** | | | | | | | | |
|  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | **Date of birth** | |  | **Gender** |  |
| **Disabilities (if known)** | | |  | | | | | |
| **Address** | |  | | | **Ethnicity (if known)** | | |  |
| **Legal Status (CoP / DoLS)** | | | |  | | | | |
| **Details of IMCA / Advocate / carer support** | | | | | | | | |
|  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | **Date of birth** | |  | **Gender** |  |
| **Disabilities (if known)** | | |  | | | | | |
| **Address** | |  | | | **Ethnicity (if known)** | | |  |
| **Legal Status (CoP / DoLS)** | | | |  | | | | |
| **Details of IMCA / Advocate / carer support** | | | | | | | | |
|  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | **Date of birth** | |  | **Gender** |  |
| **Disabilities (if known)** | | |  | | | | | |
| **Address** | |  | | | **Ethnicity (if known)** | | |  |
| **Legal Status (CoP / DoLS)** | | | |  | | | | |
| **Details of IMCA / Advocate / carer support** | | | | | | | | |
|  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | **Date of birth** | |  | **Gender** |  |
| **Disabilities (if known)** | | |  | | | | | |
| **Address** | |  | | | **Ethnicity (if known)** | | |  |
| **Legal Status (CoP / DoLS)** | | | |  | | | | |
| **Details of IMCA / Advocate / carer support** | | | | | | | | |
|  | | | | | | | | |

Thank you for completing this referral form. You will receive an initial response within 24 hours of receipt of your referral (Monday – Friday).

**Referral should be sent to** [**safeguardingadultduty@haringey.gov.uk**](mailto:safeguardingadultduty@haringey.gov.uk) **marked for the attention of the Haringey Head of Safeguarding & Assessment Service.**

**How your information will be used / shared**

The Care Act 2014 requires Safeguarding Adults Boards to agree and establish a framework and process to respond to allegations against anyone who works (either paid or unpaid) with adults with care and support needs.

This guidance applies to the Local Authority, all partner agencies and commissioned services to enable a proportionate and appropriate response to allegations against an employee, volunteer, student etc who works with or cares for adults with care and support needs.

Other procedures and guidance are available, which refer to concerns about the quality of care or practice or complaint.

Information contained within this form will be used during the management and oversight of allegations against people who work with adults with care and support needs.

The information provided may be shared within the Council with other departments as appropriate, for example the Children Multi-Agency Safeguarding Officer or HR. The information may also be shared with relevant third party organisations including Police, Health, Voluntary agencies, independent providers of care and support, regulatory bodies such as the Disclosure and Barring Service (DBS), Social Work England, General Medical Council (GMC) etc.

Sharing will only be carried out where necessary and proportionate and where there is an identifiable legal basis for doing so.

1. Please note - This PIPOT referral form should not be used in place of adult safeguarding alter form; where there is a named adult or Child at risk of harm a safeguarding alert form should be completed separately. [↑](#footnote-ref-1)
2. A separate Safeguarding alert form (Adult / Children) must be raised where there are named victims. [↑](#footnote-ref-2)