**Appendix C: Framework for the management of allegations against people in positions of trust (PiPoT) – Notification Form**

To be completed after consideration of the Buckinghamshire Framework for the management of allegations against people in positions of trust (PiPoT) and returned to the host local authority or relevant partner.

To be completed and emailed to the host local authority or relevant partner [[1]](#footnote-2)via secure email, for advice prior to making the notification and/or for clarification on who the notification should be shared with please use the email address: lasm@buckinghamshire.gov.uk

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Referrers Details.** | | | | | |
| **Name** |  | | **Job title** | |  |
| **Organisation** |  | | **Tel. No.** | |  |
| **Email** |  | | | | |
| **Name of senior officer detailing with allegation, if different to above.** | | |  | | |
| **Information about the adult against whom the allegation is made.** | | | | | |
| **Name** |  | | | **DOB** |  |
| **Address** |  | | | **Gender** |  |
| **Job[[2]](#footnote-3) Title (S)** |  | | | **Ethnicity** |  |
| **Current Employment Status[[3]](#footnote-4)** |  | | | **Date of last DBS** |  |
| **Relevant info from last DBS** | |  | | | |
| **Police Reference Number (if applicable)** | |  | | | |
| **Context of contact with adults with care and support needs within job role** | |  | | | |
| **Context of contact with any adult(s) with care and support needs through familial or informal carer relationship(s)** | |  | | | |
|  | |  | | | |

**Criteria for People in Position of Trust:**

**Tick those which apply:**

|  |  |
| --- | --- |
|  | **The People in Positions of Trust's own work/voluntary activity (with Adults and/or Children) (for example where a worker or volunteer has been accused of the abuse or neglect of an adult with care and support needs or child)** |
|  | **The People in Positions of Trust's life outside work i.e. concerning adults with care and support needs in the family, social circle (for example where a son is accused of abusing his older mother and he also works as a domiciliary care worker with adults with care and support needs. Or where a woman is convicted of grievous bodily harm a d also works in a residential home for people with learning disabilities)** |
|  | **The Person in Position of Trust’s life outside work i.e. concerning risks to children, the individual’s own children or other children (for example where a woman who works in a host authority with women who experience 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.)** |

**And the person has: (2 below must be ticked for PIPOT consideration)**

|  |  |
| --- | --- |
|  | **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 s/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.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Information about the allegation or concern.** | | | | |
| **Date of alleged incident** |  | | **Date concern raised** |  |
| **Where did alleged incident take place?** |  | | | |
| **Source of information** |  | | | |
| **Nature and description of allegation/concern** |  | | | |
| **Any action already taken** |  | | | |
| **Details as to why referrer believes there may be transferable risk.** |  | | | |
| **Details of any previous allegations or concerns** |  | | | |
| |  | | --- | | **ALLEGED VICTIM’S DETAILS** | | **No. of Alleged Victims:** |      |  |  |  | | --- | --- | --- | | **Adult / Child / Young Person / other individual** | | | | **Full Name:** | | **D.O.B.** | | **Gender:** | | **LAS /ID Number if applicable** | | **(If a child) Parent’s names and D.O.B.** | **Adult / Child’s Relationship to the Alleged Person in Position of Trust:** | | | | | | |
| **For Internal Use Only** | | | | |
| **Additional information collated for screening.** | |  | | |
| **Outcome of initial consideration.** | |  | | |
| **Does the allegation/concern fulfil the criteria for the PiPoT procedure or not and why?** | |  | | |
| **Any immediate recommendations to referrer?** | |  | | |
| **Actions** | | Referred to Adult Social Care: ☐  Referred to employer for internal management: ☐  Referred to other Local Authority: ☐  Referred to LADO: ☐  Referred to Police: ☐  Initial allegations evaluation meeting required: ☐ Date: | | |
| **Assessors Signature.** | |  | | |
| **Name and Role.** | |  | | |
| **Authorising Signature.** | |  | | |
| **Name and Role.** | |  | | |

**END**

1. If clarification is required on who the notification should be sent to, please contact the host local authority for advice. [↑](#footnote-ref-2)
2. This includes voluntary roles. [↑](#footnote-ref-3)
3. Is the person still actively working/volunteering in this/these role(s) or have they been suspended? [↑](#footnote-ref-4)