**Blackpool Council - Adult Social Care**

**Persons in a Position of Trust (PiPoT) - Enquiry/Referral Form**

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| **TYPE OF ENQUIRY** (please type **YES** under the relevant enquiry type)  |
| PiPoT Referral | DBS Check | Statutory Partner Enquiry | Childcare Agency Enquiry |
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| **REFERRER DETAILS**  |
| Date of referral: |  |
| Referrer name: |  |
| Organisation name:  |  |
| Contact telephone number:  |  |
| Email address: |  |

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| **DETAILS OF ALLEGED PERSON IN A POSITION OF TRUST (PiPoT)**  |
| Full name of person of concern:  |  |
| Date of birth:  |  |
| Gender:  |  |
| Address:  |  |
| Ethnic Origin:  |  |
| Occupation/job title/responsibilities/status |  |
| Employer/organisation details (state if self-employed)  |  |
| Date of last known DBS check:  |  |
| Have there been any previous allegations:  |  |
| Does the person have any contact, in any other capacity, with vulnerable groups? This includes both adults at risk and children.  |  |
| Does the person know you are referring them?  |  |
| If not why not? (please note, there may be occasions where informing the person can place the adult at risk/child at greater risk)  |  |

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| **INCIDENT AND CONCERN DETAILS - Reason for referral**  |
| The PIPOT has potentially committed a criminal offence against or related to adults with care and support needs | **Y/N** | (please give details) |
| The PIPOT has behaved towards an adult with care and support needs in a way which indicates that they are unsuitable to work with adult with care and support needs | **Y/N** | (please give details) |
| The PIPOT has behaved in a way which has harmed children or may have harmed children which means that their ability to provide a service to adults with care and support needs must be reviewed | **Y/N** | (please give details) |
| The PIPOT may be subject to abuse themselves which means that their ability to provide a service to adults with care and support needs must be reviewed | **Y/N** | (please give details) |
| The PIPOT has behaved in a way which raises questions about their ability to provide a service to adults with care and support needs e.g. conviction for grievous bodily harm against a person who is not an adult with care and support needs | **Y/N** | (please give details) |

**NB** PiPoT leads will exercise their own judgement over the level of detail in these enquiries/referrals, and in particular whether to accept the enquiry/referral when not all information is available.

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| **DETAILS OF CHILDREN OR VULNERABLE ADULTS AT RISK** |
| Name  | (please give details) |
| DoB | (please give details) |
| Gender | (please give details) |
| Ethnicity  | (please give details) |
| Disabilities  | (please give details) |
| Legal status (if applicable) | (please give details) |
| Risk location  | (please give details) |
| Observations of mental capacity of the person at risk  | (please give details) |
| Details of allegation specific to individual  | (please give details) |
| Incident date  | (please give details) |
| Any known impact on the person?  | (please give details) |

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| What actions have been taken to date? | (please give details) |
| Other agencies/professional/s involvement?  | (please give details) |

**WHEN COMPLETED, PLEASE SEND THIS FORM TO;**

pipot@blackpool.gov.uk