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**Referral Form:**

**Person in a Position of Trust**

**Please refer to the Practice Guidance: Person in a Position of Trust before completing this form.**

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. If a local authority is given information about such concerns they should give careful consideration to what information should be shared with the employer (or student body or voluntary organisation) to enable risk assessment. Each local authority should seek advice from their legal team about sharing information (joint multi-agency safeguarding adults policy and procedures chapter 2.23).

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 and other departments as appropriate, for example the Local Authority Designated Officer or Human Resources. The information may also be shared with relevant third party organisations including, police, health, voluntary agencies, independent providers of care and support and regulatory bodies such as Disclosure and Barring Service, Social Work England, General Medical Council etc.

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

**Referrer’s Details:**

|  |  |
| --- | --- |
| **Date of referral** | <insert date here> |
| **Name of referrer** | <insert name here> |
| **Referrer’s position/role** | <insert details here> |
| **Referrer’s organisation/service** | <insert organisation details here> |
| **Referrer’s telephone number and email address** | <insert telephone number here>  <insert email address here> |
| **Are you happy for your details to be shared with the PiPoT** | yes/ no (please delete as appropriate) |

**Person in a Position of Trust Details:**

|  |  |
| --- | --- |
| **Name** | <insert name here> |
| **DOB** | <insert DOB here> |
| **Gender** | <insert gender here> |
| **Home address** | <insert address here> |
| **Contact details** | <insert telephone number> |
| **Employment sector( e.g Local Authority, Health, voluntary sector)** | <insert details here> |
| **Name, address and telephone number of the employer** | <insert details here> |
| **Occupation/job/title** | <insert details here> |
| **Details of where the person works/volunteers, if different to employers address** | <insert details here> |
| **Employment start date** | <insert details here> |
| **Is the PiPoT aware of the referral to Adult Social Care (if they are not aware please confirm why)** | yes/ no (please delete as appropriate)  comment: |

**Reason for Referral:**

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

|  |  |
| --- | --- |
| **Conduct outside of work** |  |
| **Inappropriate behaviour in work** |  |
| **Physical abuse** |  |
| **Sexual abuse** |  |
| **Domestic abuse** |  |
| **Psychological abuse** |  |
| **Financial or material abuse** |  |
| **Neglect or acts of omission** |  |
| **Discriminatory abuse** |  |
| **Modern day slavery** |  |
| **Sexual exploitation** |  |
| **Other, please state** |  |

|  |  |
| --- | --- |
| **Full description of the allegations/concern including dates, times, witnesses etc.** | <insert details here> |
| **Does the PiPoT have any other role working with children or adults with care and support needs (if so in what capacity)** | Insert details here including name, dob, location |
| **Is the employer aware of the concerns?**  **If so, has the employer taken any actions to respond to the allegations/concern:** | yes/no (please delete as appropriate)  <insert details here> |
| **Have the police been informed?** | yes/no (please delete as appropriate)  incident/crime reference number: |
| **Has any regulatory body been informed?** | yes/no (please delete as appropriate)  <insert details here> |
| **Any other information** | <insert details here> |

**Thank you for completing this referral form. Please email the completed form to** [**safeguarding.adults@bradford.gov.uk**](mailto:safeguarding.adults@bradford.gov.uk)