Text

Description automatically generated**PiPOT referral form  
Allegations of abuse against a person who works with adults with care and support needs.**

**Reference:**

|  |  |
| --- | --- |
| **Information about the agency: Children’s Social Care**  **Name of agency: St Helens LA**  **Agency type: Social Services**   |  | | --- | | Social Care Immigration / Asylum Support Services  Mental Health Services Education  Probation YOT  Domiciliary Care Secure Estate  Residential / Nursing Care Faith Groups  CQC Armed Forces  Health Other (Please specify)  Police \_\_\_\_\_\_\_\_\_\_\_\_\_  Supported Living  Voluntary Organisation | |

|  |
| --- |
| **Information about the person against whom the allegation has been made** |
| More than 1 person involved? Yes / No (if so how many?) |
|  |
| Name |
|  |
| Sex |
|  |
| Date of Birth |
|  |
| Ethnicity |
|  |
| Home address |
|  |
| Do they have contact with adults with care and support needs or children in any other capacity? |
|  |
| Workplace name and address |
|  |
| Designation |
|  |
| Length of service in current post |
|  |
| On what basis is the person employed? |
| Permanent  Temporary  Fixed Term  Agency Worker  Volunteer  Other |
| Have any other allegations or concerns been made against the person previously? |
|  |

|  |  |  |
| --- | --- | --- |
| **Household information** | | |
| Name | Date of Birth | Relationship |
|  |  |  |

|  |
| --- |
| **Nature of allegation** (Please highlight all that apply) |
|  |
| More than one incident? Yes / No (if so how many?) |
|  |
| If physical – did it follow an authorised physical intervention or restraint? |
|  |
| Date of alleged incident |
|  |
| Where did the alleged incident take place? |
|  |
| Brief description of allegation / concern raised |
|  |

|  |
| --- |
| **Information about the person making the allegation / disclosure** |
| Name |
|  |
| Sex |
|  |
| Date of Birth |
|  |
| Relationship to the person against whom the allegation is made |
|  |
| Ethnicity |
|  |
| Is the adult known to adult social care (please provide the name of the Social Worker if so) |
| no |

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the concern involve more than one adult with care and support needs?** | | | |
| Name: | Sex: | Date of Birth: | Ethnicity: |
| Name: | Sex: | Date of Birth: | Ethnicity: |
| Name: | Sex: | Date of Birth: | Ethnicity: |
| Name: | Sex: | Date of Birth: | Ethnicity: |

|  |
| --- |
| **Details of person completing this form** |
| Name |
|  |
| Designation |
|  |
| Agency name and address |
|  |
| Telephone number |
|  |
| Date of referral |
|  |
| Name of Senior Manager |
|  |
| Telephone number |
|  |