**For Completion by LASM- People in Positions of Trust Case Recording.**

Record name after each entry or group of entries.

|  |  |
| --- | --- |
| **LASM ADVICE** | **LASM ACTIONS** |
|  |  |
|  |  |
| Date referral received: |  |

|  |
| --- |
| **LASM Decision** |
| Not.Referral to another process / procedure (Specify):  |  | Initiate PiPoT procedures. |  |
| Request further information from referrer (Referrer to action.) |  | Request further information from other sources (LASM to action.) |  |
| Refer to other LASM for management |  | Refer to LADO if appropriate. |  |
| **LASM Decision Date:**: |  |

**For Completion by People in Positions of Trust Lead - People in Positions of Trust Case Recording**

Record name after each entry or group of entries.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date / Time** | **Recording** | **Outcome/Action** | **Contact** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |