

Suggested forms for recording People in Positions of Trust Cases

Partner Organisations of Buckinghamshire Safeguarding Adults Board and Providers the commission may choose to use these forms or those of their own design or other recording systems. However each is required to meet the recording requirements set out in Section 8 of this Protocol.

CONFIDENTIAL AND RESTRICTED

ALLEGATIONS AGAINST PEOPLE WHO WORK IN
POSITIONS OF TRUST WITH ADULTS WITH CARE
AND SUPPORT NEEDS REFERRAL FORM

Ref No:

Date Referral sent:		Date of alleged incident:	
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REFERRER DETAILS			
Family Name		First Name/s	
Position		Email address	
Agency		Tel. No/Mobile	
Address			

This referral applies to allegations or concerns raised about a person; whether an employee, volunteer or student, paid or unpaid who works with or cares for adults with care and support needs. These individuals are known as People in Position of Trust and the process is the Position of Trust process.

Criteria for People in Position of Trust:

Tick those which apply:

	<p>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)</p>
	<p>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 and also works in a residential home for people with learning disabilities)</p>
	<p>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 suffer 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.)</p>

And the person has:

	<p>Behaved in a way that has harmed or may have harmed an adult with care and support needs.</p>
	<p>Possibly committed a criminal offence against or related to an adult/s with care and support needs.</p>
	<p>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.</p>
	<p>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.</p>
	<p>May be subject to abuse themselves which means their ability to provide a service to adults with care and support needs must be reviewed.</p>
	<p>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.</p>

Organisation & Address of Person in Position of Trust Works/Volunteers for:	
Is the organisation named above CQC Registered?	Yes / No
Job Title & Role:	
Does the Person in Position of Trust have a Professional Registration? (E.g. NMC, HCPC, GMC etc.,)	Yes / No State: NMC / HCF'C / GMC / If other specify
Manager Contact Details at Employing Organisation:	Name: Address: Email: Telephone:
Current employment status:	
Has this person been referred to the People in LASM before? When? What were the concerns and the outcome? E.g. Managed as an advice issue or went to a POT meeting.	Yes / No
Does the Person in Position of Trust know you are making this referral?	Yes / No
If not why not? (There may be situations where the adult may be placed at greater risk if the PiPoT is informed immediately.)	

INCIDENT / CONCERNS DETAILS

Brief description of concerns:	
Was the victim a child or adult with care and support needs?	Child / Adult with care and support needs /Other (please state)
Are there adult or children's safeguarding procedures currently in process?	Adult Safeguarding Procedures: Yes / No Children's Safeguarding Yes / No
Police Crime Reference Number (If applicable.)	Person in Position of Trust: Child (if applicable):

ALLEGED VICTIM'S DETAILS**No. of Alleged Victims:****1st Adult / Child / Young Person / other individual**

Full Name:	D.O.B.
Gender:	ID Number is applicable
Current / Past LA Involvement:	Child in need / child protection
(If a child) Parent's names and D.O.B.	Adult / Child's Relationship to the Alleged Person in Position of Trust:

2nd Adult / Child / Young Person / other individual	
Full Name:	D.O.B.
Gender:	ID Number is applicable
Current / Past LA Involvement:	Child in need / child protection
(If a child) Parent's names and D.O.B.	Adult / Child's Relationship to the Alleged Person in Position of Trust:

3rd Adult / Child / Young Person / other individual	
Full Name:	D.O.B.
Gender:	ID Number is applicable
Current / Past LA Involvement:	Child in need / child protection
(If a child) Parent's names and D.O.B.	Adult / Child's Relationship to the Alleged Person in Position of Trust:

**Copy and paste here new table if more than 3 victims.*

Please provide names of key individuals connected to the alleged Person in a Position of Trust as the Safeguarding Lead / Managing Officer will need to consider who to invite to the People in Positions of Trust meeting.

Job role/title	Name and job role.	Organisation	Telephone	Email address
Supervisor / Line manager				
HR / Personnel				
Provider Manager				
Police contact				
Contract and Commissioning contract for provider.				
CQC for provider				
Health Professional				
Others				

Please provide names of key individuals connected to the alleged Victim(s) Safeguarding Lead / Managing Officer will need to consider who to invite to the People in Positions of Trust meeting.

Job role/title	Name and job role.	Organisation	Telephone	Email address
Social Worker				
Health Professional				
Advocate				
Provider				
Voluntary Agency				
Contract and commissioning contact for provider.				
Others				

This form should be sent without delay to Local Authority Safeguarding Manager at LASM@Buckscc.gov.uk. If you wish to discuss the case before making a referral please telephone the MASH on 0800137915.