**Appendix C: Framework for the management of allegations against people in positions of trust (PiPoT) – Notification Form**

To be completed after consideration of the [Pan Berkshire Framework for the management of allegations against people in positions of trust (PiPoT)](https://www.berkshiresafeguardingadults.co.uk/reading/procedures/?procId=1563) and returned to the host local authority or relevant partner.

To be completed and emailed to the host local authority or relevant partner [[1]](#footnote-2)via secure email, for advice prior to making the notification and/or for clarification on who the notification should be shared with please use the email address:

* Bracknell Forest Council - [Safeguarding.Adults@Bracknell-forest.gov.uk](mailto:Safeguarding.Adults@Bracknell-forest.gov.uk)
* Reading Borough Council - [CSAAdvice.Signposting@reading.gov.uk](mailto:CSAAdvice.Signposting@reading.gov.uk)
* Royal Borough of Windsor and Maidenhead - 01628 683744
* Slough Borough Council – [safeguarding.adults@slough.gov.uk](mailto:safeguarding.adults@slough.gov.uk)
* West Berkshire Council – [safegaurdingadults@westberks.gov.uk](mailto:safegaurdingadults@westberks.gov.uk)
* Wokingham Borough Council - [AdultsafeguardingHub@wokingham.gov.uk](mailto:AdultsafeguardingHub@wokingham.gov.uk)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Referrers Details.** | | | | | |
| **Name** |  | | **Job title** | |  |
| **Organisation** |  | | **Tel. No.** | |  |
| **Email** |  | | | | |
| **Name of senior officer detailing with allegation, if different to above.** | | |  | | |
| **Information about the adult against whom the allegation is made.** | | | | | |
| **Name** |  | | | **DOB** |  |
| **Address** |  | | | **Gender** |  |
| **Job[[2]](#footnote-3) Title (S)** |  | | | **Ethnicity** |  |
| **Current Employment Status[[3]](#footnote-4)** |  | | | **Date of last DBS** |  |
| **Relevant info from last DBS** | |  | | | |
| **Police Reference Number (if applicable)** | |  | | | |
| **Context of contact with adults with care and support needs within job role** | |  | | | |
| **Context of contact with any adult(s) with care and support needs through familial or informal carer relationship(s)** | |  | | | |
| **In relation to familial or informal carer relationships, please provide details of the adult at risk (name, DOB, address, relationship)** | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Information about the allegation or concern.** | | | | |
| **Date of alleged incident** |  | | **Date concern raised** |  |
| **Where did alleged incident take place?** |  | | | |
| **Source of information** |  | | | |
| **Nature and description of allegation/concern** |  | | | |
| **Any action already taken** |  | | | |
| **Details as to why referrer believes there may be transferable risk.** |  | | | |
| **Details of any previous allegations or concerns** |  | | | |
| **For Internal Use Only** | | | | | |
| **Additional information collated for screening.** | |  | | | |
| **Outcome of initial consideration.** | |  | | | |
| **Does the allegation/concern fulfil the criteria for the PiPoT procedure or not and why?** | |  | | | |
| **Any immediate recommendations to referrer?** | |  | | | |
| **Actions** | | Referred to Adult Social Care: ☐  Referred to employer for internal management: ☐  Referred to other Local Authority: ☐  Referred to LADO: ☐  Referred to Police: ☐  Initial allegations evaluation meeting required: ☐ Date: | | | |
| **Assessors Signature.** | |  | | | |
| **Name and Role.** | |  | | | |
| **Authorising Signature.** | |  | | | |
| **Name and Role.** | |  | | | |

**END**

1. If clarification is required on who the notification should be sent to, please contact the host local authority for advice. [↑](#footnote-ref-2)
2. This includes voluntary roles. [↑](#footnote-ref-3)
3. Is the person still actively working/volunteering in this/these role(s) or have they been suspended? [↑](#footnote-ref-4)