**People in a Position of Trust**

This form should be completed in accordance with the NYSAB People in a Position of Trust (PIPOT) procedure, which can be found at <https://safeguardingadults.co.uk/working-with-adults/nysab-procedures/>

Please complete as much of the form as possible. Send the form by secure email to: [pipots@northyorks.gov.uk](mailto:pipots@northyorks.gov.uk). Alternatively, you can post the form to North Yorkshire County Council Customer Service Centre, County Hall, Northallerton, North Yorkshire, DL7 8AD. If you have any problems please telephone 01609 780780. The Emergency Duty Team can be contacted out of hours on 01609 780780.

**Sections of this form will expand to fit the information you require and you can also use**

**Section 8 – Additional Information to continue responses to the questions below**

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| 1. **Details of the person in a position of trust** | |
| **Title** |  |
| **Name** |  |
| **Home Address (if known)**  *House/Street*  *Town*  *County*  *Postcode* |  |
| **Telephone number** |  |
| **Are there any children resident at the person’s home address?**  **If yes give name(s) and date(s) of birth:** | If Yes, please refer to section 5 for details of how to refer to the Children and Families Service. |
| **Is the person aware of the concern being raised?** |  |

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| 1. **Details of the persons employer** | |
| **Job Title/ Role** |  |
| **Employer/ Place of work** |  |
| **Business Name**  **Business Address (if known)**  *House/Street*  *Town*  *County*  *Postcode* |  |
| **Email** |  |
| **Telephone number** |  |
| **Line Managers name (if known)** |  |
| **Are there other people potentially at risk from this person?**  *If yes, please provide details* |  |

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| 1. **Details of the concern raised regarding the person in a position of trust** | | | | | |
| **Description of allegation or concern (please provide as much information as possible including details of any injuries/harm and any witnesses to the incident and any action taken)** | | | | | |
| **Date the concern occurred?** |  | | **Disclosure date:**  *What date were you made aware of the concern(s)* | |  |
| **Type of abuse:**  *Select all that apply* | |  | |  | |
| Physical | | Psychological/Emotional | | Discriminatory | |
| Financial or Material | | Domestic abuse | | | |
| Modern Slavery | | Neglect and Acts or Omission | |
| Sexual | |  | | | |

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| 1. **Actions taken to address immediate risk(s)** | |
| **Have actions been taken to ensure the safety of any children and/or adults from the outlined risk?**  *Details of actions taken* | |
| **Have the police been informed where a crime is suspected?**  *If yes –* **Do you have a crime number:** | |
| **Are there other people who may be at risk of harm?**  **Give details:** | |
| 1. **If you are concerned about a child or a young person under 18 years of age please refer to Children and Families Service. Ring 01609 780 780 to speak to an advisor at the Customer Service Centre. Please refer to the “Managing Allegations Against those who Work or Volunteer with Children Procedure” for referral to the LADO** | |
| 1. **Has a referral been made to the Children and Families Service?**   *If yes, please give details* |  |
| 1. **If there are concerns regarding children, has a referral been made to the Local Authority Designated Officer (LADO)?**   **If yes please provide the date a referral was made?**  **Name of LADO appointed to review concerns regarding safeguarding children (if applicable)**  *If yes, please give details* |  |

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| 1. **Your details (the person completing this form)** | | |
| **Name** | |  |
| **Name of organisation (if applicable)** | |  |
| **How are you involved** | |  |
| **What is your relationship to the person?** *(see guidance below)* | |  |
| **Address**  Town  County  Postcode | |  |
| **Telephone number** | |  |
| **Email address** | |  |
| **Confidentiality - Sharing your details**  We will keep your identity confidential in all circumstances, however we may at times be required to provide it under law to a third party. For example, because of a court order for the prevention and detection of crime, or if it is in the vital interests or the safety of other people. Wherever possible we will tell you if this happens. | | |
| **Date form completed** |  | |

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| 1. **Additional Information** |
| *Please use this space as a continuation of the above sections if necessary – this area will expand as required* |
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