**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** |  |
| **Date of birth** |  |
| **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, 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)** |  |
| **Do you know if they work or volunteer with adults or children, anywhere else?**  *If yes, please give 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 incident 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 | | | Sexual | |
| Modern Slavery | | Neglect and Acts or Omission | | |  | |
| Other (*give details*) | | | | | | |
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| **Was there a victim?** | | | | | | |
| ***If yes, please provide details:*** | | | | | | |
| **Title** | | |  | | | |
| **Name** | | |  | | | |
| **Date of birth** | | |  | | | |
| **Home Address (if known)**  *House/Street*  *Town*  *County*  *Postcode* | | |  | | | |
| **Telephone number** | | |  | | | |

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| 1. **Actions taken to address immediate risk(s)** |
| **Has action be taken to ensure immediate safety?**  **If yes give details:** |
| **Have the police been informed where a crime is suspected?**  *If yes –* **Do you have a crime number:** |
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| 1. **Others adults who may be at risk of harm**   **If you have a concern about an adult who has care and support needs and is experiencing abuse or is at risk of abuse, please visit:** [**www.northyorks.gov.uk/safeguarding-vulnerable-adults**](http://www.northyorks.gov.uk/safeguarding-vulnerable-adults) **for guidance on how to raise a safeguarding concern to North Yorkshire County Council.** |
| **Are there other adults who may be at risk of harm?**  **If yes give details:** |
| **Have actions been taken to ensure the safety of any adults from the outlined risk?**  **Details of actions taken:** |

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| 1. **Child or a young person who may be at risk of harm**   **If you have a concern about a child or a young person under 18 years of age, please visit** [**www.safeguardingchildren.co.uk/about-us/worried-about-a-child**](http://www.safeguardingchildren.co.uk/about-us/worried-about-a-child) **for guidance on how to make a referral to the Children and Families Service.**  **For information on how to make a referral to the Local Authority Designated Officer, please visit:**  [**https://www.safeguardingchildren.co.uk/professionals/procedures-practice-guidance-and-one-minute-guides/managing-allegations-against-those-who-work-or-volunteer-with-children/**](https://www.safeguardingchildren.co.uk/professionals/procedures-practice-guidance-and-one-minute-guides/managing-allegations-against-those-who-work-or-volunteer-with-children/) | |
| **Are you concerned about a child or young person under 18 years of age?** | Give details: |
| **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)** |  |

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| 1. **Your details (the person completing this form).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. | |
| **Name** |  |
| **Name of organisation (if applicable)** |  |
| **How are you involved?** |  |
| **What is your relationship to the person in Person in Position of Trust (PiPoT)?** |  |
| **Address**  Town  County  Postcode |  |
| **Telephone number** |  |
| **Email address** |  |
| **Date and time 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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