**Humber Teaching NHS Foundation Trust**

**PIPOT Referral Form**

Please note this form is for **internal** use only, forms for Local Authority safeguarding procedures can be found on the safeguarding section of Humbernet.

This form should be completed if you have reasonable cause to believe that an individual who is working on behalf of, or undertaking work for, or volunteering for the Trust has:

* Harmed or may have harmed a child or adult with care and support needs
* Committed a criminal offence against or related to a child or adult with care and support needs
* Behaved (or alleged to have behaved) in a way that indicates they may pose a risk of harm to a child or adult with care and support needs
* Behaved (or alleged to have behaved) in a way that indicates they may be unsuitable to work or volunteer with a child or adult with care and support needs

This form **MUST** be completed prior to a PIPOT meeting taking place and any supporting evidence submitted alongside it sent to [HNF-TR.SafeguardingHumber@nhs.net](mailto:HNF-TR.SafeguardingHumber@nhs.net).

**Referrer details**

|  |  |
| --- | --- |
| Name or referrer |  |
| Referrer position / role |  |
| Referrer contact details |  |
| Time and date of referral |  |

**Details of the individual of concern**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name |  | | | |
| Date of birth |  | | | |
| Address |  | | | |
| Job title / role of individual |  | | | |
| Date started role |  | | | |
| Does the individual work with | Children |  | Adults |  |
| Workplace contact details and address |  | | | |
| Professional registration (such as NMC, SWE, HCPC, GMC) | Yes |  | No |  |
| If yes to above, state which one |  | | | |
| Is there a DBS in place? | Yes |  | No |  |
| Line manager name and role |  | | | |
| Line manager contact details |  | | | |
| Any previous concerns? |  | | | |
| Is the person employed or volunteering elsewhere? (this to include place of study if individual is student nurse, social worker, therapist etc) |  | | | |
| Is individual aware of the allegations and referral? |  | | | |

**Reason for referral**

Full description of allegations and concerns (to include dates, times, what evidence is available)

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|  |

Does the individual have any other role with children or adults with care and support needs (including role within personal life)

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| --- |
|  |

Where a child or adult with care and support needs has been harmed or is at risk of harm provide details below if known

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name | |  | | | |
| Date of birth | |  | | | |
| Address | |  | | | |
| Is the child or adult a patient? | Yes | |  | No |  |

**Actions taken to manage alleged or identified risk**

Please detail actions taken after being made aware of the allegation, including action taken to manage the alleged/identified risk, and reports made to Police or regulatory/professional bodies

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|  |

Is the individual currently working in a patient facing role?

|  |
| --- |
|  |

**Name of persons to be invited to the PIPOT meeting**

|  |  |
| --- | --- |
| Divisional Manager |  |
| Line manager of individual |  |
| HR Representative |  |
| Other |  |

**Please submit this and supporting evidence to** [HNF-TR.SafeguardingHumber@nhs.net](mailto:HNF-TR.SafeguardingHumber@nhs.net).