**People in Positions of Trust (PiPoT) Information Gathering Form**

*Use the PiPoT procedures for guidance when completing this form, in particular section 5 two to six*

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| **Date of referral** | Click here to enter text. |

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| **PiPoT against whom the allegation is made**(Name, address & contact details) | Click here to enter text. |
| **Job role**(Specify paid or unpaid) | Click here to enter text. |
| **Employer/Agency/Organisation**(Name, address & contact details) | Click here to enter text. |

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| **Adult MASH lead** | Click here to enter text. |

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| **MASH Manager’s Actions** |
| Is this a PiPoT referral? | Click here to enter text. |
| Is PiPoT a PCC/CCC employee? | Click here to enter text.***If yes, refer to PSW*** |
| If not a PiPoT referral, reason closed | Click here to enter text. |

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| **MASH Adult Safeguarding Practitioner’s Actions** |
| Is a Children’s PiPoT required? | Click here to enter text.*If yes, state how will lead the investigation* |

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| **Details of Actions/Contacts with Referrer** |
| **Date** | **Action taken** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

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| **Details of Actions/Contacts with PiPoT** |
| **Date** | **Action taken** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

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| **Details of Actions/Contacts with Employer** |
| **Date** | **Action taken** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

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| **Referral outcome** – Include justification for decisions, be proportionate.*Refer to PiPoT procedures, section 5, steps five and six* |
|  Click here to enter text. |

**FOR LOCAL AUTHORITY USE**

**This process should not be followed where an identified adult coming under safeguarding is at risk. The Safeguarding Adults process must be used.**