

**Derby Safeguarding Adults Board (DSAB)**

**Managing allegations against People in Positions of Trust (PIPOT)**

**Referrer details:**

|  |  |
| --- | --- |
| Date of referral: | Click here to enter text |
| Name of person completing the referral: | Click here to enter text |
| Referrer position/role: | Click here to enter text |
| Referrer organisation/service: | Click here to enter text |
| Referrer contact details:   * Telephone number * Email address | Click here to enter text |

**Details of the person of concern:**

|  |  |
| --- | --- |
| Name: | Click here to enter text |
| Home Address: | Click here to enter text |
| Date of Birth: | Click here to enter text |
| Occupation / job title / role: | Click here to enter text |
| Details of where the person works/volunteers:   * Name * Address of service | Click here to enter text |
| Confirmation that the person is aware of the referral to PiPoT process (if they are not aware please confirm why): | Yes / No  Comment: Click here to enter text |
| Contact Details of the Employer / Manager:   * Name * Email address * Telephone number | Click here to enter text |
| Reason why the referrer feels the PIPOT criteria is met specifically risks to adults at risk and reason for concern:  (Please note any concerns about children should be referred to the Local Authority  Designated Officer (LADO) | Click here to enter text |

Please note this information should be gathered before contacting/discussing the referral with the relevant PIPOT leads.

Please email the referral form to [AdultsMASH@derby.gov.uk](mailto:AdultsMASH@derby.gov.uk)