

**People in a Position of Trust**

This form should be completed with the RCBC People in a Position of Trust (PiPoT) procedure. Please complete as much of the form as possible. Send the form by secure email to: pipot@redcar-cleveland.gov.uk.

**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/StreetTownCountyPostcode |  |
| 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 6 for details of how to refer to the Children’s Services.* |
| Is the person aware of the concern being raised? |  |
| 1. **Details of the persons employer**
 |
| Job Title/Role |  |
| Employer/place of work |  |
| Business NameBusiness Address (if known)House/StreetTownCountyPostcode |  |
| Email |  |
| Telephone number |  |
| Line Mangers name (if known) |  |
| Do you know if they work or volunteer with adults or children, anywhere else? If yes, please give details. |  |
| 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[ ]  Financial or Material[ ]  Modern Slavery[ ]  Other (give details) | [ ] Psychological/Emotional [ ]  Domestic Abuse[ ]  Neglect and Acts or Omission | [ ] Discrimination[ ]  Sexual |
| Was there a victim? |  |
| If yes, please provide details: |
| Title |  |
| Name |  |
| Date of birth |  |
| Home Address (if known)House/StreetTownCountyPostcode |  |
| Telephone number |  |
| 1. **Actions taken to address immediate risk(s)**
 |
| Has action been undertaken 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: |
| 1. **Other 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 [Worried about an adult | Redcar and Cleveland (redcar-cleveland.gov.uk)](https://www.redcar-cleveland.gov.uk/adult-social-care/worried-about-an-adult) for guidance on how to raise a safeguarding concern to Redcar and Cleveland Borough 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 action taken: |
| 1. **Child or young person who may be at risk of harm.**

If you have a concern about a child or young person under 18 years of age or for information on how to make a referral to the Local Authority Designated Officer, please visit [Concerns about a child | Redcar and Cleveland (redcar-cleveland.gov.uk)](https://www.redcar-cleveland.gov.uk/children-and-families-services/concerns-about-a-child).  |
| Are you concerned about a child or young person under 18 years of age? |  |
| If there are concerns regarding children, has a referral been made to the Local Authority Designated Officer (LADO)?If yes, please provide the date the referral was made.Name of LADO appointed to review concerns regarding safeguarding children (if applicable) |  |
| 1. **Your details (the person completing this form) Confidentially – 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 crim, or if it is in the vital interest 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 Position of Trust (PiPoT)? |  |
| AddressTownCountyPostcode |  |
| Telephone number |  |
| Email address |  |
| Date and time form completed |  |
| 1. **Additional information**
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| Please use this space as a continuation of the above sections if necessary – this area will expand as required. |

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