

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***\** Details of Adult at Risk** | | | | | | |
|  | | |  | | | |
| Date report received: | | | Full Name: | | | |
| Title: | | |  | | | |
| Address: | | | | | | |
| Postcode: | | | | | | |
| Home Tel No: | | | Mobile No: | | | |
| Date of birth: | | | | | | |
| Gender: | | | | | | |
| Ethnicity: | | | | | | |
| Religion: | | | | | | |
| Preferred Language: | | | | | | |
| Interpreter required: | | | Yes ☐ No ☐ | | | |
| G.P Details: | | | | | | |
| ***\**** Client Category of need: Choose an item. | | | | | | |
| Any other adults/children at risk living at the  property? | | | Yes ☐ No ☐ | | | |
| If yes, what other action has been taken? | | | | | | |
|  | | | | | | |
| **Abuse details** | | | | | | |
| ***\** Primary Category of Abuse** | | **Details** | | | | |
| Abuse:  If selected, ‘Is the neglect self-inflicted? Yes ☐ No ☐ | |  | | | | |
| Are there any other type(s) of alleged abuse present | | | | | Yes ☐ No ☐ | |
| **If Yes, please specify Other Type(s) of Alleged Abuse** | | **Details** | | | | |
| ☐ Physical  ☐ Sexual  ☐ Emotional/Psychological  ☐ Financial  ☐ Neglect  If selected, ‘Is the neglect self-inflicted? Yes ☐ No ☐ | |  | | | | |
| Was this identified as a result of Ask and Act? | | | | Yes ☐ No ☐ | | |
| Has a DASH Assessment been completed? | | | | Yes ☐ No ☐ | | |
| Describe what is happening? Please include a description of any injuries or harm? | | | | | | |
|  | | | | | | |
| When/where did it occur? | | | | | | |
|  | | | | | | |
| Date |  | | | | | |
| Time |  | | | | | |
| ***\** Location:**  Choose an item. | | | | | |  |
| Has a body map been completed? | | | | Yes ☐ No ☐ | | |
| If yes, is body map attached? | | | | Yes ☐ No ☐ | | |
| What steps have been taken to safeguard/protect the individual and by whom?  (Include how the risk has been managed, what others have been informed – including  statutory agencies, GP, Police, etc.)? | | | | | | |
|  | | | | | | |
| Is there any evidence to suggest that the individual lacks mental capacity to consent/understand the concerns and/or process?  Yes ☐  No ☐  Don’t know ☐ | | | | | | |
| Details (Please provide evidence to support your answer above) | | | | | | |
|  | | | | | | |
| What are the individual’s views, wishes and feelings about the Safeguarding Concern?  (To include any actions they have taken or would like to be taken): | | | | | | |
|  | | | | | | |
| Does the individual consent to the safeguarding report?  Yes ☐  No ☐  Don’t know ☐ | | | | | | |
| If no, Why doesn’t the person consent to the Adult Safeguarding Process? | | | | | | |
|  | | | | | | |
| If don’t know, please provide further information | | | | | | |
|  | | | | | | |
| Next of Kin   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Related Person** | **Inside Household** | **Relationship with Current Person** | **Start Date** | **End Date** | |  |  |  |  |  | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Alleged Person’s Details** | | |
| ***\**** Is the alleged person known at this time | | Yes: ☐ No: ☐ |
| ***\**** If Yes,   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Name** | **Relationship to Alleged Person** | **Address** | **Telephone** | **DOB** | **Do they have the capacity to understand their actions?** | **Does the alleged person provide Care & Support for the individual?** | **Does the alleged person have Care & Support needs?** | **Does the alleged person work with other adults or children?** | |  |  |  |  |  | Yes ☐  No ☐  Don’t know☐ | Yes ☐  No ☐  Don’t know ☐ | Yes ☐  No ☐  Don’t know ☐ | Yes ☐  No ☐  Don’t know ☐ | | | |
| **ABOUT THE PERSON (S) WHO WITNESSED THE INCIDENT (S)** | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name** | **Relationship** | **Address** | **Telephone Number** | **Date of Birth** | |  |  |  |  |  | | | |
| ***\** Person reporting details:** | | |
| Incident reported by: |  | |
| Form completed by: |  | |
| Date of completion: |  | |
| Job title/role: |  | |
| Agency or Company: |  | |
| Telephone Number: |  | |
| E-mail Address: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | | ***\** REPORT RECEIVED FROM** | | |  | | --- | | ☐ Self  ☐ Relative  ☐ Friend or neighbour  ☐ Early intervention prevention service (Step-up)  ☐ Health  ☐ Education  ☐ Housing  ☐ Police  ☐ Probation  ☐ 3rd Sector Organisation  ☐ Local Authority  ☐ Independent Hospital  ☐ Ambulance Service  ☐ Care Regulator  ☐ Provider  ☐ Advocate  ☐ Internal (Social Worker, Other Team)  ☐ Other | | |

|  |
| --- |
| **Additional Information** |
|  |

 

