

ADULT PROTECTION ALERT/REFERRAL FORM

To be completed by responsible manager. Please complete all appropriate boxes

(Please complete for all Adult Protection Alerts and Referrals)

Part 1: Vulnerable Adult's Details

Alert/Referral Date:

Name:

CareFirst No.:

Date of Birth:

Age: Gender:

Usual Address:

Postcode:

Telephone No.:

GP's or Surgery Name:

Ethnic Origin:

Client Group:

Has a referral been made for this person in the last year as a victim of abuse? No

Is the person known to any other agencies (including statutory, non statutory and voluntary sector)? No

Current place of residence (select one from list):

Is the person from another Local Authority area? No

Part 2: Source of Alert/Referral

Please select one from drop-down list:

If other, please give details:

Part 3: Information about Alleged Perpetrator

Name of the alleged perpetrator:

Is the alleged perpetrator a current or previous Social Services client? No

If Yes, please give CareFirst No.:

Alleged Perpetrator's Gender:

Alleged Perpetrator's Age:

Alleged Perpetrator's Ethnic Origin:

Has a referral been made for this person in the last year as an alleged perpetrator? No

Does the Alleged Perpetrator live with the Vulnerable Adult? No

Relationship of Alleged Perpetrator to Vulnerable Adult (select one from drop-down list):

Part 4: Incidents Details and Referral Outcome

Type of alleged abuse (tick all that apply):

Physical Neglect Domestic* Psychological
Sexual Financial Institutional Discriminatory
Multiple Abuse**

**Domestic abuse is the misuse of power and control in a close or intimate relationship (including financial and emotional abuse and social isolation).*

*** Multiple Abuse should be selected in all cases where more than one type of abuse is present.*

Location of Abuse (select one from drop-down list):

If other, please specify:

If Sheltered or Supported, is the property regulated by Supporting People? No

Team Responsible for Referral (use Team Code):

Practice Manager:

Did this referral progress to an investigation? No

If Yes, proceed to Part 6

If No, please complete Part 5.

Part 5: Decision Not to Refer for Investigation

If a decision has been made not to refer an alleged incident for an investigation (including any planning action/strategy meeting or Safeguarding Adults assessment), please provide the following:

A brief reason for not referring for a planning/strategy meeting and investigation:

Has the referrer been informed of the decision not to investigate? No

If No, please give brief reason:

Date Referral Closed:

Outcome Authorised by:

Part 6: Information about Investigation

Has the vulnerable adult agreed to investigation proceeding? Yes

Has the vulnerable adult agreed to participate in the investigation? Yes

Name of Investigation Worker:

Telephone No:

Form completed by:

Date completed (dd/mm/yyyy):