**A word copy of this form suitable for typing and printing can usually be found on the Local Authority/HSCP and NHS Adult Support and Protection webpage.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ADULT AT RISK DETAILS (please PRINT details, thank you)** | | | | | | |
| NAME |  | | | DOB |  | |
| HOME ADDRESS |  | | | CURRENT  WHEREABOUTS |  | |
| POSTCODE |  | | | POSTCODE |  | |
| TEL NO: |  | | | TEL NO: |  | |
| GENDER |  | ETHNIC ORIGIN | |  | RELIGION |  |
| COMMUNICATION NEEDS  (please provide details including communication aids by the adult and specify first language if not English) | | |  | | | |
| GP NAME / ADDRESS | | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REFERRER DETAILS (please PRINT details, thank you)** | | | | |
| NAME |  | | DESIGNATION |  |
| AGENCY |  | | DIRECT DIAL TEL NO: |  |
| EMAIL ADDRESS |  | | | |
| RELATIONSHIP TO ADULT BEING REFERRED: | |  | | |
| SIGNATURE | |  | | |
| DATE | |  | | |

|  |
| --- |
| IS IT SUSPECTED THAT A CRIME HAS BEEN COMMITTED AND HAVE POLICE BEEN INFORMED? (Include date, time, known action taken etc.) |
|  |

|  |  |
| --- | --- |
| **DETAILS OF CONCERN (please PRINT details, thank you)** | |
| 1. IN YOUR OPINION IS THE ADULT ABLE TO SAFEGUARD THEIR OWN WELLBEING, PROPERTY, RIGHTS OR OTHER INTERESTS? (If **no**, please state reason) |  |
| 1. IN YOUR OPINION IS THE ADULT AT RISK OF HARM? (if **yes**, please state reason) |  |
| 1. IN YOUR OPINION IS THE ADULT AFFECTED BY DISABILITY, MENTAL DISORDER, ILLNESS OR PHYSICAL OR MENTAL INFIRMITY (if **yes**, please specify) |  |
| GIVE DETAILS OF HARM (SUSPECTED / WITNESSED / DISCLOSED / REPORTED). DATES, PROTECTIVE ACTIONS TAKEN INCLUDE DETAILS OF ANY PREVIOUS CONCERNS. (please use separate sheet if required) | |
|  | |
| HAVE YOU (OR ANY OTHER PERSON) TOLD THE ADULT THAT THIS INFORMATION WILL BE SHARED WITH SOCIAL WORK OR OTHER RELEVANT AGENCIES | YES / NO(delete as appropriate) If **NO** please state reasons |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF PERSON SUSPECTED OF CAUSING HARM (If known) (please PRINT details, thank you)** | | | |
| NAME |  | RELATIONSHIP TO ADULT: |  |
| ADDRESS |  | TEL NO |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF MAIN CARER / RELATIVE / POA / GUARDIAN (please PRINT details, thank you)** | | | |
| NAME |  | RELATIONSHIP TO ADULT: |  |
| ADDRESS |  | TEL NO |  |