**Adult Protection Referral Form (AP1)**

Contact details to submit are at the bottom of the form

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| **ADULT AT RISK DETAILS**(Please PRINT details – thank you) |
| **Name:** |  |
| **Home** **Address:** |  |
| **Postcode:** |  | **Tele No:** |  |
|  |
| **Current: Whereabouts:** |  |
| **Postcode:** |  | **Tele No:** |  |
|  |
| **DoB:** |  | **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:** |  |

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| **REFERRER DETAILS**(Please PRINT details – thank you) |
| **Name:** |  |
| **Designation:** |  |
| **Agency:** |  |
| **Direct Dial Tele No:** |  |
| **Email Address:** |  |
| **Relationship to adult being referred:** |  |
| **Signature:** |  |
| **Date:** |  |

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| **IS IT SUSPECTED THAT A CRIME HAS BEEN COMMITTED** **AND HAVE THE POLICE BEEN INFORMED?**(Include: date, time, known action taken etc.) |
|  |
| **DETAILS OF CONCERN**(Please PRINT details – thank you) |
| **In your opinion is the adult able to safeguard their own wellbeing, property, rights or other interests?** (If no, please state reason) |
|  |
| **In your opinion is the adult at risk of harm?** (If yes, please state reason) |
|  |
| **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? |
|  |

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| **DETAILS OF PERSON SUSPECTED OF CAUSING HARM**(If known) (Please PRINT details – thank you) |
| Name: |  |
| Address: |  |
| Tel no: |  |
| Relationship to adult: |  |

|  |
| --- |
| **DETAILS OF MAIN CARER / RELATIVE / POA / GUARDIAN**(Please PRINT details – thank you) |
| Name: |  |
| Address: |  |
| Tel no: |  |
| Relationship to adult: |  |

When complete, save form, then attach to contact email address as below.

**CONTACT INFORMATION**

Contact in the first instance must be by telephone, the AP1 is best sent by email to the secure addresses below. The contact details for local authorities within the boundaries of NHS Greater Glasgow and Clyde are detailed below.

**Glasgow City Council**

socialcaredirect@glasgow.gov.uk

Tel: 0141 287 0555

Fax: 0141 276 1201

Out of Hours: 0300 343 1505

**Renfrewshire Council**

Adultservicesreferral.sw@renfrewshire.gov.uk

Tel: 0300 300 1199

Fax: 0141 886 3460

Out of Hours: 0300 343 1505

Text/SMS: 07958 010325

**East Renfrewshire Council**

adultprotection@eastrenfrewshire.gov.uk

Tel: 0141 451 0755

Out of Hours: 0300 343 1505

**East Dunbartonshire Council**

AdultProtection@eastdunbarton.gov.uk

Tel: 0141 355 2200

Out of Hours: 0300 343 1505

**West Dunbartonshire Council**

wdadult@wdc.gcsx.gov.uk

Dumbarton Office: Tel: 01389 737020

Clydebank Office: Tel: 01389 811760

**Inverclyde Council**

ap.referrals@inverclyde.gov.uk

Tel: 01475 715010

Out of Hours: 0300 343 1505

**South Lanarkshire**

Hamilton office: swlohamilton@southlanarkshire.gov.uk

Rutherglen Office: swlorutherglen@southlanarkshire.gov.uk

Tel: 0303 123 1008