

Inter-Agency Safeguarding Adults Concern Form

STRICTLY CONFIDENTIAL

If you suspect that someone is being harmed and they are in <u>immediate</u> danger you should ring the police on 999. Where a crime has been committed and the police require informing but there is no immediate danger call 101 for further information see guidance at the end of this form). In all other situations, please contact the relevant Local Authority (as detailed below). If there are any concerns about children please refer to the relevant contact within the Local Authority (see guidance).

Please complete the form in full. All completed forms should be emailed and a follow-up telephone call made to ensure safe receipt.

Section 1 - Details of adult	at fisk of								
Name	Column	Progge EVAMDLE		DOB	02/10/1928	Go	nder		
Home Address	Selwyn Braggs EXAMPLE DOB 02/10/1928 Bluebell farm, Bedale					st Code			
Current Address	ED JCUH						st Code		
Ward Number (if hospital)	ED 300	11		Unit Numbe	or (if hospital)	F O:	st code		
Telephone Number					-				
Ethnicity	Religion Nationality								
Interpreter needed?									
								□ No	
Is the adult aware of the Co								☐ Yes	☑ No
If NO, why not?									
								☐ Yes	☑ No
	Does the adult consent to the Concern being raised? ☐ Yes ☑ N Does the Adult at risk have any care /support needs or vulnerabilities? yes								
As a result of their care and					o protect		sure		
themselves?									
Section 2 - Details of conce	rn heina	raised							
Coolien 2 Botaile of confed	in bonig	Tuloou							
Location of alleged inciden	t/concer	n			Own Home				
				Other:					
Address where incident oc	curred	Bluebell Farm			Post Code				
Date of incident/concern					Time of incide	nt/conc	ern		
Please indicate the type of at	ouse susp	ected							
Discriminatory	Domestic Financial or Material Modern Slavery Neglect and acts of Omission								
						ery Ne			nission
]	
] Se:	xual
□ Organisational		☐ Physical	Psychol	ogical	Self-Neglec		xual Abuse	Sez Explo	xual itation
Organisational	sident/o	Physical		ogical				Sez Explo	xual
Organisational Factual details of alleged in		Physical Oncern	Psychol	logical	□ Self-Neglec	t Se	xual Abuse	Sez Explo	xual itation
Organisational Factual details of alleged in This should include a clear factual	al outline o	Physical Oncern f the concern being ra	Psychol	logical	□ Self-Neglec ☑ s, people and place	t Se	xual Abuse	Sex Explo	xual itation
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Have any immediate a	lave any immediate actions been identified to reduce t			ne potential for further abuse?			es □ No		
Please describe									
recommend going to a	care ho	ome							
Are there any other p	any other people (including children) who may be at risk o				sk of harm?	? □ Unknown □ Yes ☑ No			
If Yes, please describe	If Yes, please describe the risk that remains and the names of others potentially at risk								
Please consider if you									
Call 999 if there is an									
Where a crime has be			e police requ	ire inform	ning but there	is no im			call 101.
Is criminal activity suspected? □ Yes ☑ No									
If Yes, have the police been contacted? ☐ Yes ☐ No									
If Yes, what was the ou	itcome:	!							
Dalias Crimas/Dafaran	aa Nii	- h - u							
Police Crime/Referen									
If No, please explain re	asonic	טונווא							
Ocation 4 Family / D		utativa Dataila							
Section 4 - Family / R	eprese	ntative Details							
It may not always be a	ppropria	ate to consult far	milv/friends. n	lease con	sider:				
If the Adult has									
 If you are puttin 					Abuse)				
Name	J	not discussed	J (g.		on to Adult				
Contact Address							Pos	t Code	
Telephone Number								•	
Are they a Carer?		☐ Yes ☐ No		Are th	ey aware of th	is conc	ern? □Y	es □ No	
If No, why not?									
		•		,					
Section 5 - Details of	the per	son alleged to	have caused	d harm					
		1 16				1			_
Name		self			DOB			Gender	
Home Address		s/a						Post Code Post Code	
Ward Number (if hosp	ital\	_				Hoit No	umber (if ho		
Telephone Number	ilai)					UIIIL IN	uniber (ii no	Spitai)	ļ
Job Title (if applicable	١					Organi	eation		
What is the relationsh		he alleged porr	otrator to the	o adult?		Organi	Sation		
Does the alleged per				c addit:		☐ Yes	□ No		
Is the alleged perpetr			duiti			☐ Yes	□ No		
Do you consider the			have care ar	nd suppoi	rt needs?		nown \square Ye	es 🗆 No	
Is the alleged perpetrat	tor awa	re of the Conce	n?	та сарро.	11100001	1 = 01		☐ Yes ☐ I	No
Only discuss this Cor	Only discuss this Concern with the alleged perpetrator if it is safe to do so and there is no								
further risk to the vic	further risk to the victim or others.								
If No, why not? If Yes, what was there response?									
Section 6 - Other Invo	olveme	nt							
Who else has been in	formes	l of this conce	m2						
Care Quality		i of this concer	Continuing	n Haalth	NECS (Medi	icines)	Public	Health	Service Provider
Commission	Con	issioning	Car		INCO (MEGI	Jille3)	I ublic	. rourti	JUITING I IUVIUGI
Other (please specify)								1	<u>-</u>
Name			Organisation		Telephone Numbe		nber		Email
7.50			<u> </u>		2.5,511				
Section 7 - Details of person raising concern									
Name:		J Barnes			J	ob Title:			
Organisation (if applic	able)	STEES							
Contact Address					P	ost Cod	le		
Telephone Number									
Relationship to the ac									



Have you completed your of	own organisation's internal process (e.g. Datix)?	☐ Yes ☑ No
Form Completed By	J Barnes	Date Completed
Signature	J Barnes	

