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| VA1 - Adult Protection Referral Form – Confidential *(April 2011)****Please complete as fully as possible, especially ensuring that risks are identified.***For office use onlyDate received by DLM -Date of Stage 3 review - |
|  |
| **1 About the Vulnerable Adult (Subject of referral)** |
| Date alert/ concern raised       | Date(s) of Incident(s) if known:      |
| Name:      Client/Patient ID Number:       |
| Date of birth:       |  Gender: [ ] Male [ ] Female  |
| Vulnerable Adult/Client’s Current Address:       | Other Vulnerable Adults / Children living at the property:       |
| Tel Number:       | **Main Client Group (tick ONE only):**[ ]  Elderly Mentally Infirm[ ]  Older Person [ ]  Visual Impairment [ ]  Hearing impairment [ ]  Learning Disability [ ]  Mental Health [ ]  Physical Disability [ ]  Substance Misuse [ ]  Other  |
| Marital Status:       |
| Ethnicity:       |
| First Language:       |
| Need Interpreter: [ ] Yes [ ] No |
| GP’s Name:      Telephone Number:      ­Surgery Address:       |
| **Case Status (Social Services use only :** [ ]  Open/active [ ]  Open, review only [ ]  Closed [ ]  Not previously known [ ]  Other County  |
| Next of kin:       | Relationship:       |
| Address:      Telephone number:       |
| Is the vulnerable adult aware of the referral? [ ] Yes [ ] No  |
| Has the vulnerable adult consented to the referral? [ ] Yes [ ] No |
| Is there any evidence to suggest that the vulnerable adult lacks mental capacity to consent to this referral? [ ] Yes [ ] No |

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| **2 About the alleged abuse** |
| Type of alleged abuse (tick all relevant boxes)[ ]  Physical [ ]  Sexual [ ]  Emotional/Psychological [ ] Financial/Material[ ]  NeglectOf which is [ ]  Racial [ ]  Domestic |
| Personal circumstances – Is the alleged victim subject to any legislative powers, e.g. Mental Health Act, Power of Attorney, DoLS?       |
| Where did the alleged abuse occur?  |
| [ ]  Own Home [ ]  Perpetrator’s home[ ]  Relative’s Home [ ]  Supported Tenancy [ ]  Sheltered  Accommodation. | [ ] Care Home – Residential [ ] Care Home – Nursing [ ] Care Home – Respite [ ] Hospital – NHS [ ] Hospital – Independent [ ] NHS Group Home [ ] Hospice  | [ ]  Day care [ ]  Educational est.[ ]  Public place[ ]  Other - Please State:        |
| Specific location of abuse (e.g. Ward/ Dept, Hospital, Care Home)       |
| Is the abuse: [ ] Historical [ ] Current  |
| Description of alleged abuse/injuries:*(continue on separate sheet of paper if necessary)* |
| **2a.** Please use the section below to identify the position of any marks, bruising, wounds etc described above |
|  |  |
| What steps have been taken to safeguard the vulnerable adult and by whom:  |

**3 About the person(s) allegedly responsible for the abuse**

**Person 1:**

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| Unknown at present: [ ]  |
| Name:       | Address:       |
| Tel No:       | Date of Birth:       |
| Age:       | Relationship to Alleged Victim:       |
| Employing Agencies. List all known:       |
| Is alleged perpetrator a vulnerable adult? Yes [ ]  No [ ]  Don’t know [ ]  |
| Is alleged perpetrator a child? Yes [ ]  No [ ]  Don’t know [ ]  |
| Is alleged perpetrator aware of the referral? Yes [ ]  No [ ]  Don’t know [ ]  |
| Is the Alleged perpetrator known to social services? Yes [ ]  No [ ]  Don’t know [ ]  |
| If yes, Client/Patient Database Number:       | Team responsible:       |
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**Person 2:**

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| Unknown at present: [ ]  |
| Name:       | Address:       |
| Tel No:       | Date of Birth:       |
| Age:       | Relationship to Alleged Victim:       |
| Employing Agencies. List all known:       |
| Is Alleged perpetrator a vulnerable adult? Yes [ ]  No [ ]  Don’t know [ ]  |
| Is Alleged perpetrator a Child? Yes [ ]  No [ ]  Don’t know [ ]  |
| Is Alleged perpetrator aware of the referral? Yes [ ]  No [ ]  Don’t know [ ]  |
| Is the Alleged perpetrator known to social services? Yes [ ]  No [ ]  Don’t know [ ]  |
| If yes, Client/Patient Database Number:       | Team responsible:       |

***If more than two alleged perpetrators have been identified please photocopy this page or add details in Section 8 – Additional information.***

**4 About the people who witnessed the incident(s)**

**Witness 1**:

|  |  |
| --- | --- |
| Name:       | Address:       |
| Tel No:       | Relationship to victim (if any):        |
| Is witness a child? Yes [ ]  No [ ]  Don’t know [ ]  |
| Is witness a vulnerable adult? Yes [ ]  No [ ]  Don’t know [ ]  |
| Is witness aware of referral? Yes [ ]  No [ ]  Don’t know [ ]  |

**Witness 2**:

|  |  |
| --- | --- |
| Name:       | Address:       |
| Tel No:       | Relationship to victim (if any):        |
| Is witness a child? Yes [ ]  No [ ]  Don’t know [ ]  |
| Is witness a vulnerable adult? Yes [ ]  No [ ]  Don’t know [ ]  |
| Is witness aware of referral? Yes [ ]  No [ ]  Don’t know [ ]  |

**5 About the person who first reported the concern** *(This is the first person to raise the alert – it may be the Vulnerable Adult, a witness or someone with concerns)*

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| Is the person reporting the incident the vulnerable adult? Yes [ ]  No [ ] Is the person reporting the incident a witness to the incident? Yes [ ]  No [ ]  |
| Name:       | Address:       |
| Tel No:       | Occupation/Relationship:       |
| Date/Time report:       |  |
| Does the reporter wish to remain anonymous? Yes [ ]  No [ ] If yes, please state why:       |

**6 About the person who is referring the incident(s) to Social Services or Health Board**

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| Is the person referring the incident a witness to the incident? Yes [ ]  No [ ]  |
| Name:       | Address:        |
| Tel No:        | Occupation/Relationship:       |
| Date/Time reported:       |
| Does the referrer wish to remain anonymous? Yes [ ]  No [ ] If yes, please state why:       |

**7 Details of person completing this form**

|  |  |
| --- | --- |
| Name:       | Designation:       |
| Agency:       | Time/Date completed:       |
| Signature:       | Telephone number:       |

**8 Additional Information**

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| **Where applicable, details of countersigning line manager:** |
| Name:       | Designation:       |
| Signature:       | Time/Date countersigned:       |