

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***\** Details of Adult at Risk** | | | | | | |
| Person ID: | | |  | | | |
| Date report received: | | | Full Name: | | | |
| Title: | | |  | | | |
| Address: | | | | | | |
| Postcode: | | | | | | |
| Home Tel No: | | | Mobile No: | | | |
| Date of birth: | | | | | | |
| Gender: | | | | | | |
| Ethnicity: | | | | | | |
| Religion: | | | | | | |
| Preferred Language: | | | | | | |
| Interpreter required: | | | Yes  No | | | |
| G.P Details: | | | | | | |
| ***\**** Client Category of need: Choose an item. | | | | | | |
| Any other adults/children at risk living at the  property? | | | Yes  No | | | |
| If yes, what other action has been taken? | | | | | | |
|  | | | | | | |
| **Abuse details** | | | | | | |
| ***\** Primary Category of Abuse** | | **Details** | | | | |
| Abuse:  If selected, ‘Is the neglect self-inflicted? Yes  No | |  | | | | |
| Are there any other type(s) of alleged abuse present | | | | | Yes  No | |
| **If Yes, please specify Other Type(s) of Alleged Abuse** | | **Details** | | | | |
| Physical  Sexual  Emotional/Psychological  Financial  Neglect  If selected, ‘Is the neglect self-inflicted? Yes  No | |  | | | | |
| Was this identified as a result of Ask and Act? | | | | Yes  No | | |
| Has a DASH Assessment been completed? | | | | Yes  No | | |
| Describe what is happening? Please include a description of any injuries or harm? | | | | | | |
|  | | | | | | |
| When/where did it occur? | | | | | | |
|  | | | | | | |
| Date |  | | | | | |
| Time |  | | | | | |
| ***\** Location:**  Choose an item. | | | | | |  |
| Has a body map been completed? | | | | Yes  No | | |
| If yes, is body map attached? | | | | Yes  No | | |
| What steps have been taken to safeguard/protect the individual and by whom?  (Include how the risk has been managed, what others have been informed – including  statutory agencies, GP, Police, etc.)? | | | | | | |
|  | | | | | | |
| Is there any evidence to suggest that the individual lacks mental capacity to consent/understand the concerns and/or process?  Yes  No  Don’t know | | | | | | |
| Details (Please provide evidence to support your answer above) | | | | | | |
|  | | | | | | |
| What are the individual’s views, wishes and feelings about the Safeguarding Concern?  (To include any actions they have taken or would like to be taken): | | | | | | |
|  | | | | | | |
| Does the individual consent to the safeguarding report?  Yes  No  Don’t know | | | | | | |
| If no, Why doesn’t the person consent to the Adult Safeguarding Process? | | | | | | |
|  | | | | | | |
| If don’t know, please provide further information | | | | | | |
|  | | | | | | |
| Next of Kin   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Related Person** | **Inside Household** | **Relationship with Current Person** | **Start Date** | **End Date** | |  |  |  |  |  | | | | | | | |

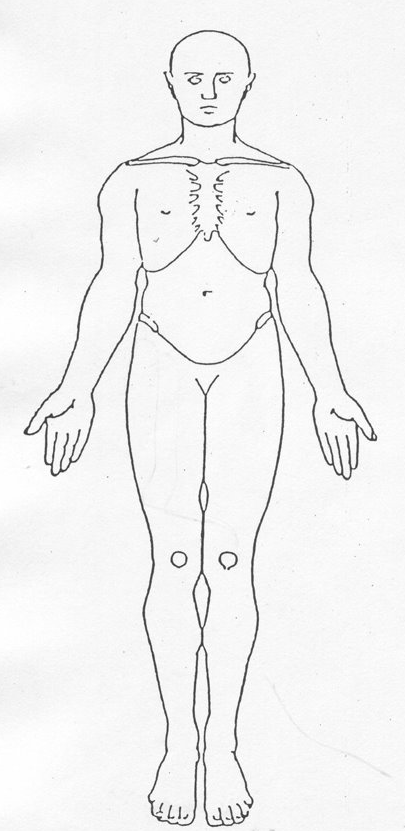
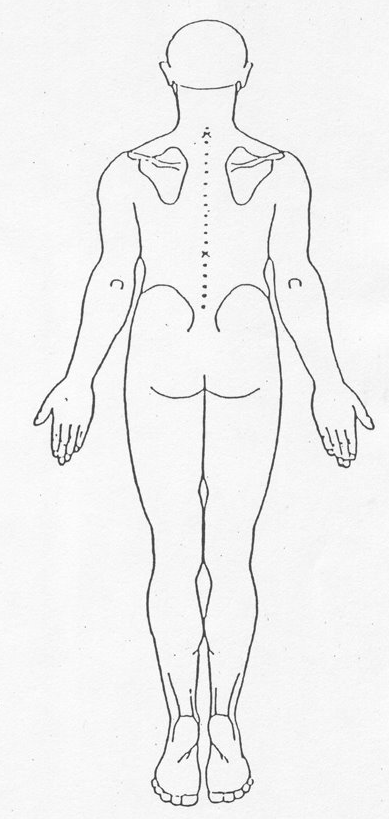
|  |  |  |
| --- | --- | --- |
| **Alleged Person’s Details** | | |
| ***\**** Is the alleged person known at this time | | Yes:  No: |
| ***\**** If Yes,   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Name** | **Relationship to Alleged Person** | **Address** | **Telephone** | **DOB** | **Do they have the capacity to understand their actions?** | **Does the alleged person provide Care & Support for the individual?** | **Does the alleged person have Care & Support needs?** | **Does the alleged person work with other adults or children?** | |  |  |  |  |  | Yes  No  Don’t know | Yes  No  Don’t know | Yes  No  Don’t know | Yes  No  Don’t know | | | |
| **ABOUT THE PERSON (S) WHO WITNESSED THE INCIDENT (S)** | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name** | **Relationship** | **Address** | **Telephone Number** | **Date of Birth** | |  |  |  |  |  | | | |
| ***\** Person reporting details:** | | |
| Incident reported by: |  | |
| Form completed by: |  | |
| Date of completion: |  | |
| Job title/role: |  | |
| Agency or Company: |  | |
| Telephone Number: |  | |
| E-mail Address: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | | ***\** REPORT RECEIVED FROM** | | |  | | --- | | Self  Relative  Friend or neighbour  Early intervention prevention service (Step-up)  Health  Education  Housing  Police  Probation  3rd Sector Organisation  Local Authority  Independent Hospital  Ambulance Service  Care Regulator  Provider  Advocate  Internal (Social Worker, Other Team)  Other | | |

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| **Additional Information** |
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Form to be sent to:

|  |  |  |
| --- | --- | --- |
| **Local Authority** | **Email Address** | **Telephone Number** |
| Blaenau Gwent: | [DutyTeamAdults@blaenau-gwent.gov.uk](mailto:DutyTeamAdults@blaenau-gwent.gov.uk) | 01495 315700 |
| Caerphilly: | [asdit@caerphilly.gov.uk](mailto:asdit@caerphilly.gov.uk)  **or** [IAAAdults@caerphilly.gov.uk](mailto:IAAAdults@caerphilly.gov.uk) | 0808 100 2500 |
| Monmouthshire: | [MCCadultsafeguarding@monmouthshire.gov.uk](mailto:MCCadultsafeguarding@monmouthshire.gov.uk) | 01873 735492 |
| Newport: | [Pova.team@newport.gov.uk](mailto:Pova.team@newport.gov.uk)  **or** [firstcontact.adults@newport.gov.uk](mailto:firstcontact.adults@newport.gov.uk) | 01633 656656 |
| Torfaen: | [socialcarecalltorfaen@torfaen.gov.uk](mailto:socialcarecalltorfaen@torfaen.gov.uk) | 01495 762200 |

NB: This body map should only be completed if you are trained and competent at doing so. It is noted that any illustrations made are not to scale and for a guide only. Injuries can be described above in section 2.

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