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| ***\** 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** |
|  |  |  |  |  |

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| **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 [ ]  |

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| **ABOUT THE PERSON (S) WHO WITNESSED THE INCIDENT (S)**  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Address** | **Telephone Number** | **Date of Birth** |
|  |  |  |  |  |

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| ***\** Person reporting details:** |
| Incident reported by: |  |
| Form completed by: |  |
| Date of completion: |  |
| Job title/role: |  |
| Agency or Company: |  |
| Telephone Number: |  |
| E-mail Address: |  |

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| ***\** REPORT RECEIVED FROM**  |
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| [ ]  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:

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