|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **About the person** | | | | | | | | | |
| Name: | Title: | | | | Dob: | | Gender: | | |
| Current Address:  Postcode:  Tel no:  No fixed address | Home address *(if different):*  Postcode:  Tel no: | | | | | | GP:  Surgery:  Tel no: | | |
| How best to contact this person: |
| NHS no (if known):  Police URN:  Other ref no: | | | | | | Ethnicity Choose an item. | | | |
| **Concern** | | | | | | | | | |
| Date of concern:  Click here to enter a date. | | | | | Time (if known): | | | | |
| Where did the concern happen: | | | | | | | | | |
| **What type of abuse is suspected? Please tick all appropriate** | | | | | | | | | |
| Neglect/acts of omission | | |  | | Sexual Abuse | | | |  |
| Self-neglect | | |  | | Modern Slavery | | | |  |
| Domestic Abuse | | |  | | Discriminatory (including hate crime) | | | |  |
| Psychological/emotional | | |  | | Physical | | | |  |
| Financial/Material | | |  | | Organisational | | | |  |
| Sexual Exploitation | | |  | |  | | | |  |
| **What are the concerns being raised; what are the risks for the person?** | | | | | | | | | |
|  | | | | | | | | | |
| **Are there any known risks to other people or workers involved?**  Choose an item. **If yes, please state below.** | | | | | | | | | |
|  | | | | | | | | | |
| **If children are involved have Children’s Services been informed?** Choose an item. | | | | | | | | | |
| **Is this an ongoing concern?** Choose an item. | | | | | | | | | |
| **Does this person live alone?** Choose an item. | | | | | | | | | |
| **What are the person’s primary needs?** | | | | | | | | | |
| **Choose an item.** | | | | | | | | | |
| Other | | | | | | | | | |
| **Preferred language/communication needs?** | | | | | | | | | |
|  | | | | | | | | | |
| **Confidentiality and consent** | | | | | | | | | |
| Have you discussed raising this concern with the person? Choose an item. | | | | | Does the person consent for the Safeguarding concern to be reported to Adults’ Services?  Choose an item. | | | | |
| If the answer to either/both of the above questions is **No**, please state the reasons for proceeding without consent? | | | | | | | | | |
| What are the person’s views and what outcome do they want? | | | | | | | | | |
| Does the person have mental capacity to be involved in the enquiry and protection plan?  Choose an item.  Does the person have a diagnosis or present in such a way that indicates that a mental capacity assessment is required? **(*please state*)** | | | | | | | | | |
| Has a mental capacity assessment been arranged or taken place? ***(please state)***  If a person is unable to give their own view is there someone they would like to represent their views? If so, provide name, relationship and contact details: | | | | | | | | | |
| **Details of the person or organisation thought to be the cause of risk (if applicable)** | | | | | | | | | |
| Name: | | | | DOB: | | | | | |
| Address: | | | | Occupation: | | | | | |
| Relationship to adult? | | | | | |
| Is the person or organisation who is thought to be cause of risk aware of this concern being raised? Choose an item. | | | | | | | | | |
| **What action has already been taken to minimise risk for the person?**  (Include any emergency medical treatment provided, evidence preserved and actions taken to prevent further abuse.) | | | | | | | | | |
|  | | | | | | | | | |
| **Please tick if any other agencies have been alerted** | | | | | | | | | |
| Care Quality Commission (CQC) | |  | | Sussex Partnership NHS Foundation Trust | | | |  | |
| Police | |  | | Sussex Community Trust | | | |  | |
| Hospital (please name which) | |  | | Clinical Commissioning Group | | | |  | |
| General Practitioner (GP) | |  | | Contracts and Commissioning | | | |  | |
| Fire Service | |  | | Other, if other please state: | | | | | |
| **Details of person completing the referral** | | | | | | | | | |
| **Name:** | | | | **Date concern form sent to adults’ services:**  Click here to enter a date.  **Please return form to** [**socialcare@westsussex.gov.uk**](mailto:socialcare@westsussex.gov.uk) | | | | | |
| **Landline:** | | | |
| **Mobile:** | | | |
| **Email:** | | | |
| **Organisation:** | | | |