VA1 - Adult Protection Referral Form – Confidential *(April 2011)*

Please complete as fully as possible, especially ensuring that risks are identified.

For office use only
Date 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	

2 About the alleged abuse

Type of alleged abuse (tick all relevant boxes) ☐ Physical ☐ Sexual ☐ Emotional/Psychological ☐Financial/Material ☐ Neglect
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	☐ Care Home – Residential	☐ Day care
☐ Perpetrator's home	☐ Care Home – Nursing	☐ Educational est.
☐ Relative's Home	☐ Care Home – Respite	☐ Public place
☐ Supported Tenancy	☐ Hospital – NHS	
☐ Sheltered Accommodation.	☐ Hospital – Independent	☐ Other - Please State:
	☐ NHS Group Home	
	☐ Hospice	

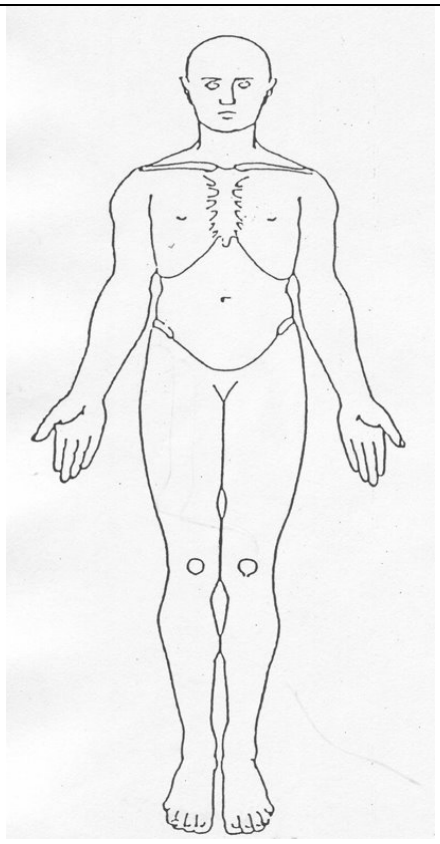
Specific location of abuse (e.g. Ward/ Dept, Hospital, Care Home)

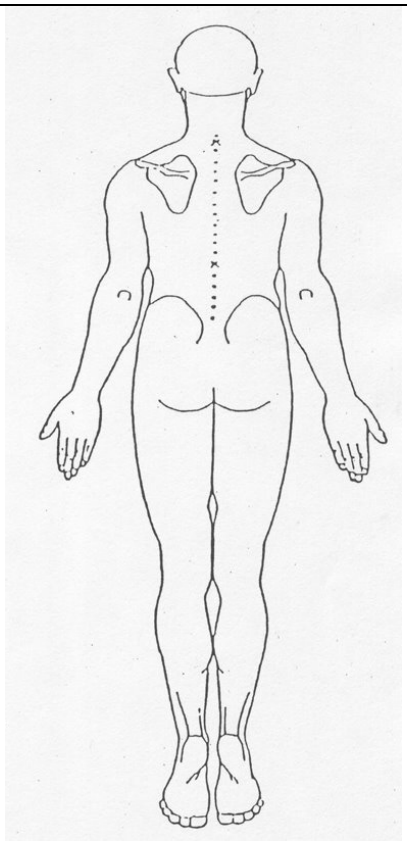
Is the abuse: ☐ Historical ☐ Current

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:

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:

Person 2:

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 <u>first</u> person to raise the alert – it may be the Vulnerable Adult, a witness or someone with concerns)*

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

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

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