Royal Borough of Kingston Upon Thames

Adult Social Care Services

[11.05.16 V2.0]

Safeguarding Adults Concern Form

Kingston upon Thames Safeguarding Adults Partnership Board

THE ROYAL BOROUGH OF KINGSTON UPON THAMES

Date of Contact

Details of Adult at Risk

Last Name:	First name:	Person ID (if necessary):

Date of Birth:	Age:	Gender:
	Please select	Please select

Ethnicity:	User Group:
Please select	Please select

Address:

Post Code: **Telephone:**

Type of Accommodation:

Please select

Funding Arrangements/Authority (if in care home):

Making Safeguarding Personal

1. Is the Adult at Risk aware of this enquiry?

2. Has the Adult at Risk agreed to this enquiry?

3. What does the person want to happen?

Please select
Other (please state)

Details of the Alleged Abuse

Type of Alleged Abuse: **Date of Alleged Abuse:**

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Please select	

Description of Alleged Incident

Place of Alleged Abuse

Please select

Is this a Registered Provider? If so please give details:

GP Details
Name

Practice

Primary Health Conditions

Name of Condition:	Please select
Other Health Conditions:	

Current Safety Status of Adult at Risk

1. Is the Adult at Risk at risk of immediate harm? If yes, dial 999

2. What have you done to make the person safe?

3. Are there other Adults at risk?

Further details

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4. Are there any children at risk?

Further Details

Names	Date of Birth

Date Children's Services informed

5. Have there been previous allegations regarding the Adult at Risk? (please give details if known)

Details of previous allegations

Details of Person(s) Alleged to have Caused Harm

Last Name:	First Name:
Date of Birth:	**Age:**
	Please select
Gender:	**Ethnicity:**
Please select	Please select

Address:

Post Code:

Telephone:

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Person Alleged to have Caused Harm's relationship to the Adult at Risk:

Please select	Please give details

If Alleged Person is paid or voluntary staff member, provide name of organisation the person works for:

Is the Person Alleged to have Caused Harm the Main Carer?

Does the Person Alleged to have Caused Harm live with the Adult at Risk?

Is the Person Alleged to have Caused Harm aware of this referral?

Has an allegation been made against the Person Alleged to have Caused Harm previously?

Do you have any concerns about the mental capacity of the Personal Alleged to have Caused Harm?

Mental Capacity

1. Does the Adult at risk lack capacity to make decisions related to the safeguarding enquiry?

Please select	If yes, please give details

2. Does the Adult at risk have a Lasting Power of Attorney for Health & Welfare decisions, and/or a Lasting Power of Attorney for Property and Affairs decisions? If yes, please provide contact details for the Attorney (if known):

Assessing the Risk

Please summarise the risk in your professional opinion, rating the risk as low, moderate, high or severe

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Does the Adult at Risk receive support from an advocate, family member or friend?

Please select

Are they aware of the safeguarding concerns?

Details of Advocate/Representative used to support the Adult at Risk in the safeguarding process

Name	Address	Email	Telephone	Type of Advocate

Does an Advocate need to be appointed to support the Adult at Risk in the safeguarding process?
If yes, what action is being taken to appoint an Advocate

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Source of Referral

Referrer's Details

Last Name:	First Name:

Job Title:	Organisation:

Address:

Post Code:

Telephone:

Email:

Referrer's Relationship to Adult at Risk:

Is the person completing this form different to the person requesting the alert? If so, please give contact details of the person requesting the alert, and their relationship to Adult at Risk:

Organisations Involved

(e.g. Home Care agency/Day Centre/Transport Provider/Clubs etc?)

Organisation Name	Contact Name	Telephone

Completed by: Date Completed:

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Triage Decision (to be completed by professional)

Triage Decision	Please select
Risk Assessment Outcome	Please select
Risk Outcome	Please select
Reason for Decision	

Name of Person Making Decision

Role

Team	**Telephone No:**

Decision Date
