**Safeguarding Adults - Raising a concern**

*Please ensure this has first been reported to your line manager*

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| **Details of the Adult at Risk** | | | |
| Name |  | NHS Number (if known) |  |
| Date of Birth |  | Contact Number |  |
| Ethnicity | Choose an item. | Gender |  |
| Address |  | Consent given to make this referral? | YES / NO |
| If adult at risk has not given consent please state why not |  |

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| **Section 42 Enquiry Threshold *(Care Act 2014)*** |
| a) Does this person have care and support needs? YES / NO |
| b) Is this person experiencing, or at risk of experiencing abuse or neglect YES / NO |
| c) As a result of their care and support needs, is this person unable to protect themselves? YES / NO |

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| **Brief Summary of the Concerns Raised** | |
| Date/time of incident |  |
| Provide a brief summary of the concern.  *Include the views and wishes of the individual* |  |
| Provide a list of actions taken so far to reduce risk (e.g. staff given additional training, police informed) |  |

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| **Additional Required Information *(please select the most appropriate answer)*** | | | |
| Primary Support Reason | Choose an item. | Type of Risk | Choose an item. |
| Location of Risk | Choose an item. | Type of Risk 2 (optional) | Choose an item. |
| Autism/Asperger's | Choose an item. | Source of Risk | Choose an item. |

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| **About the Person Reporting the Concern** | | | |
| Name |  | Job title |  |
| Contact number/email |  | Employer |  |