**Appendix A4.3**

Adult Protection Referral Form - CONFIDENTIAL

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| This Adult Protection Referral Form should be passed on Social Services, the Police or Health, and a copy should be sent to the DSW Lead Welfare Officer. It should be completed and passed on with 24hrs of receiving the disclosure or identifying the potential abuse.**DSW Lead Welfare Officer, Disability Sport Wales, Sport Wales National Centre, Sophia Gardens,** **Cardiff. CF11 9SW** |

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| 1. **About the Adult at Risk**
 |
| Date alert/concern raised: |  | Date(s) of incident(s) (if known): |  |
| Name of Adult at Risk concerned: |  |  | Male |  | Female |
| Date of Birth: |  |  |
| Address of Adult at Risk concerned: |  |
| Contact telephone numbers: | Mobile: |  | Landline: |  |
| Marital Status: |  | Married/Civil Partnership |  | Divorced |  | Single |
| Ethnicity: |  |
| First Language: |  | English |  | Welsh |  | BSL |  | Makaton |
| Need interpreter: |  | Yes |  | No |  |
| GP’s Name: |  | Telephone number: |  |
| Surgery Address: |  |
| Main Client Group **(tick one)** |  | Elderly mentally infirm |  | Older person |  | Partially sighted/Blind |
|  | Hard of Hearing/Deaf |  | Intellectual Impairment |  | Mental Health |
|  | Physical Impairment |  | Substance misuse |  | Homeless |
|  | Other (please identify): |
| Next of kin (if known): |  | Relationship:  |  |
| Address: |  | Telephone number: |  |
| Is the Adult at Risk aware of the referral? |  | Yes |  | No | Has the Adult at Risk consented to the referral? |  | Yes |  | No |
| Is there any evidence which suggests that the adult at risk lacks mental capacity to consent to this referral? |  | Yes |  | No |

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| 1. **About the alleged abuse**
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| Type of alleged abuse (tick all relevant boxes) |
|  | Physical |  | Sexual |  | Emotional |
|  | Neglect/Acts of Omission  |  | Financial/Material |  | Discriminatory |
|  | Institutional |  |  |  |  |
| Personal circumstances (Is the alleged victim subject to any legislative powers (e.g. Mental Health Act, Power or Attorney, etc)?) |  | Yes |  | No |
| Where did the alleged abuse take place |
|  | Own Home |  | Perpetrators Home |  | Relatives Home |
|  | Supported tenancy |  | Sheltered Accommodation |  | Care Home (residential) |
|  | Care Home (nursing) |  | Care Home (Respite) |  | Hospital (NHS) |
|  | Hospital (independent) |  | NHS Group Home |  | Hospice |
|  | Day Care |  | Education establishment |  | Public Place |
|  | Within Sport (please identify): ……………………… |  | Other (please identify): ……………………………….. |
| Specific location: |  |
| Is the abuse |  | Historical |  | Current |
| Describe the alleged abuse/injuries |  |

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| Please use the section below to identify the position of any marks, bruising, wounds etc. described above |
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| What steps have been taken to safeguard the adult at risk, and by whom: |
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| 1. **About the person(s) allegedly responsible for the abuse:**
 |
|  | Unknown at present |
| **Person 1:** |
| Name: |  | Address: |  |
| Telephone number: |  | Date of birth: |  |
| Age: |  | Relationship to alleged victim: |  |
| Employing agency (*please list all known*): |  |
| Is the alleged perpetrator an Adult at Risk? |  | Yes |  | No |
| Is the alleged perpetrator a child? |  | Yes |  | No |
| Is the 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’ please identify team responsible:** |  |
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| **Person 2:** |
| Name: |  | Address: |  |
| Telephone number: |  | Date of birth: |  |
| Age: |  | Relationship to alleged victim: |  |
| Employing agency (please list all known): |  |
| Is the alleged perpetrator an Adult at Risk? |  | Yes |  | No |
| Is the alleged perpetrator a child? |  | Yes |  | No |
| Is the 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’ please identify team responsible:** |  |
| *If more than two people have been implicated please copy this sheet and include all details of all individuals named.* |

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| 1. **About the people who witnessed the incident(s)**
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|  | There were no witnesses |
| **Witness 1:** |
| Name: |  | Address: |  |
| Telephone number: |  | Relationship to victim (if any): |  |
| Is the alleged perpetrator an Adult at Risk? |  | Yes |  | No |
| Is the alleged perpetrator a child? |  | Yes |  | No |
| Is the alleged perpetrator aware of the referral? |  | Yes |  | No |  | Don’t know |

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| **Witness 2:** |
| Name: |  | Address: |  |
| Telephone number: |  | Relationship to victim (if any): |  |
| Is the alleged perpetrator an Adult at Risk? |  | Yes |  | No |
| Is the alleged perpetrator a child? |  | Yes |  | No |
| Is the alleged perpetrator aware of the referral? |  | Yes |  | No |  | Don’t know |

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| 1. **About the person who first reported the concern**

(this is the **FIRST** person to raise the alert – it may be the adult at risk, a witness, or someone with concerns) |
| Is the person reporting the incident the adult at risk? |  | Yes |  | No |
| Is the person reporting the incident a witness to the incident? |  | Yes |  | No |
| Name: |  | Address: |  |
| Telephone number: |  | Occupation/Relationship: |  |
| Date/time of report: |  |
| Does the reporter wish to remain anonymous |  | Yes |  | No |
| **If ‘yes’ please identify why** |  |

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| 1. **About the person who is referring the incident(s) to Social Services/Health**
 |
| Is the person reporting the incident a witness to the incident? |  | Yes |  | No |
| Name: |  | Address: |  |
| Telephone number: |  | Occupation/Relationship: |  |
| Date/time of report: |  |
| Does the reporter wish to remain anonymous |  | Yes |  | No |
| **If ‘yes’ please identify why** |  |

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| 1. **About the person who is completing this form**
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| Name: |  | Designation: |  |
| Agency: |  | Telephone Number: |  |
| Date/time reported: |  | Name of person reported to: |  |
| Signature: |  |

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| 1. **Additional Information**
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| Please provide further information here |