**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** | | | | | | | | | | | | | | | | | | |
| 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:** | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **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)** | | | | | | | | | | | | | |
|  | 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** | | | | | |
| Name: |  | | Designation: |  | |
| Agency: | |  | Telephone Number: | |  |
| Date/time reported: | |  | Name of person reported to: | |  |
| Signature: |  | | | | |

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