**SAFEGUARDING ADULT CONCERN FORM - SET SAF**

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| Adult reference no:  (Swift/PRN/NHS - if known) | Date form completed: |

**Please complete as much of the form as possible, if a question is not known put N/K**

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| **1. Tell us if the concern is for an adult or an organisation** | |
| Name of adult you are concerned about: | |
| Organisation: | |
| Address of adult: | |
| Gender: | Telephone No: |
| Age: | DOB: |
| Ethnic origin and/or nationality: | |
| Does the adult have any communication needs?  Yes  No  If yes, please give brief details: | |
| Are they aware of this referral?  Yes  No  If not, why not? | |
| Have they agreed to this referral?  Yes  No  If not, why not? | |
| Is the adult in receipt of any social or health care services?  Yes  No  If yes, please give brief details: | |

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| **2. Current situation and details of the incident/concern(s) being raised** |
| Does the adult continue to be at risk of harm?  Yes  No |
| Are there other adults who may be at risk of harm?  Yes  No |
| If the answer to either of the above is yes, please describe the risk that remains and the names of any others potentially at risk. A referral to [children services](http://www.escb.co.uk/Portals/67/Documents/Local%20Practices/SET%20Procedures-Jan2018-updated.pdf) should also take place if there is a child at risk in the household. |

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| **3. Details of the concern(s) being raised** | |
| Time of incident: | Date of incident: |
| Location of incident: | |
| Concern: | |
| What would the adult like as the outcome of the enquiry? | |
| Brief factual details of the incident. *Include a clear factual outline of the concern with details of times, dates, people and places. Please continue on separate sheet if required.* | |
| If injuries are present please give a brief/factual description:  Has a [body chart](http://www.essexsab.org.uk/media/1631/body-charts.doc) been completed? *Please attach or forward as soon as possible.*  Yes  No | |
| Details of any medical attention sought: | |
| Doctor informed?  Yes  No  *If yes include name of doctor and include date and time of information given.* | |
| Actions taken to date to safeguard the adult: | |
| Are other professionals aware in this alert? *(Please specify if the police are involved).* | |
| Where Police are involved, please state the crime incident number? | |

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| **4. Relative/name of main carer** | |
| Name: | Relationship to adult: |
| Is relative/carer aware of this referral?  Yes  No | |
| Address: | |
| County: | Postcode: |
| Telephone No: | Mobile No: |
| Email: | |

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| **5. Details of person(s) alleged to have caused harm**  **If self-neglect please move on to Q6.** | |
| Name: | |
| Gender: | D.O.B. |
| Address: | |
| Do they live with the adult?  Yes  No | |
| If yes, in what capacity e.g. spouse, fellow resident, carer: | |
| What is the relationship between the person(s) alleged to have caused harm and the adult who is the subject of the concern? | |
| What is the occupation of the person alleged to have caused harm? | |
| Does this person hold any position of trust (paid or voluntary)? | |

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| **6. Details of the person raising the alert** *(for professionals this information can only remain confidential in exceptional circumstances).* | |
| Can your details be shared with third parties?  Yes  No | |
| Do you live with the adult you are concerned about?  Yes  No | |
| I would prefer to remain anonymous?  Yes  No  If yes, please give your reasons for remaining anonymous: | |
| Name: | Date: |
| Job title and/or relationship to adult referred: | |
| Organisation (if applicable): | |
| Address: | |
| County: | Postcode: |
| Telephone No: | Mobile No: |
| Email: | |

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| **7. Details of person completing the form** (add only if different to box 6) | |
| Name: | Date: |
| Job title and/or relationship to adult referred: | |
| Organisation (if applicable): | |
| Address: | |
| County: | Postcode: |
| Telephone No: | Mobile No: |
| Email: | |
| Name of safeguarding lead in your organisation: | |
| Email of safeguarding lead: | |

**Where appropriate have you informed your safeguarding lead of this concern?**

**For health staff only – Have you completed your local incident form prior to sending this form?**

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| **8. Please tick which form of abuse you suspect** | | |
| Physical  Sexual  Psychological  Financial or material | Organisational  Modern slavery  Neglect  Discriminatory | Self-neglect  Domestic abuse  Not determined  Vulnerable to radicalisation |

Completed forms should be sent to your relevant Local Authority.

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| **Southend**  **Email:** [accessteam@southend.gov.uk](mailto:accessteam@southend.gov.uk)  **By fax to:** 01702 534794 | **Making a referral/enquiry by telephone:** 01702 215008 (option 1)  **Out of hours referrals:**   * General public - 0345 606 1212 * Statutory agencies – 0300 123 0778 * Fax - 0300 123 0779 |
| **Essex**  **Email:** [Socialcaredirect@essex.gov.uk](mailto:Socialcaredirect@essex.gov.uk)  **By fax to:** 0345 601 6230 | **Making a referral/enquiry by telephone:**  0345 603 7630  **Out of hours referrals:**   * General public - 0345 606 1212 * Statutory agencies – 0300 123 0778 * Fax: 0300 123 0779   **By post to:** Social Care Connect, Essex House, 200 The Crescent, Colchester, Essex, CO4 9YQ |
| **Thurrock**  **Email:** [SafeGuardingAdults@thurrock.gov.uk](mailto:SafeGuardingAdults@thurrock.gov.uk)  **By fax to:** 01375 652760 | **Making a referral/enquiry by telephone:** 01375 511000  **Out of hours referrals:**   * Phone: 01375 372468 * Fax: 01375 397080) |