**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:  |
| Gender:  | Telephone No:  |
| Age:  | DOB:  |
| Ethnic origin and/or nationality:  |
| Does the adult have any communication needs? [ ]  Yes [ ]  NoIf yes, please give brief details:  |
| Are they aware of this referral? [ ]  Yes [ ]  NoIf not, why not? |
| Have they agreed to this referral? [ ]  Yes [ ]  NoIf not, why not? |
| Is the adult in receipt of any social or health care services? [ ]  Yes [ ]  NoIf 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 [ ]  NoIf 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**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
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| **Essex** **Email:** 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**By fax to:** 01375 652760 | **Making a referral/enquiry by telephone:** 01375 511000**Out of hours referrals:** * Phone: 01375 372468
* Fax: 01375 397080)
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