



## SET SAF – SAFEGUARDING ADULT CONCERN FORM

Adult reference number (Local authority/health/police number if known)	
Date form completed	

**Section 1: Tell us if the concern is for a person or an organisation**  
 (Please complete as much of this as is known – if not known put not known).

Name of adult who you are concerned about	
Organisation	
Home address	
Telephone number	
Age	
Date of Birth (in order day, month, year)	
Gender	
Ethnic origin and or nationality	
Does the adult have any communication needs? If yes, please give brief details	
Is the adult in receipt of any social or health care services? If yes, please give brief details	
Do you consider this adult to require support through Transitional safeguarding? If yes, please give brief details <i>Transitional safeguarding is an approach to safeguarding young people from adolescence to adulthood.</i>	
Are they aware of this referral? If not, why not	
Have they agreed to this referral? If not, why not	
Has the adult consented to sharing this information and is there anyone that they wouldn't want this information shared with?	
Is it safe to make contact? Would it be safe for the GP or another organisation to make contact? If no, please give details of how contact could be made safely, including a safe time of day	

## Section 2: Risk of harm to self and others.

Does the person continue to be at risk of harm? If yes, please give brief details	
Does the person pose a risk of harm, have a history of violence or aggressive behaviour that social care needs to be aware of? If yes, please give brief details	
Are there other people who may be at risk of harm? If yes, please give brief details	
Are there any known risks from any person in the household? If yes, please give brief details	

## Please answer the following questions relating to children

Are there any children within the household? If yes, please give brief details	
Are there any children who may be at risk of harm? If yes, please give brief details	
If yes, has a child safeguarding referral been submitted to Children's Service (see contact details at the end of this document)	
If not, please give reasons	

## Section 3: Details of the concern(s) being raised

Time of incident	
Date of incident	
Location of incident	
What is the concern?	
What would the adult like as an outcome of the enquiry?	
Brief factual details of the incident. This should include a clear factual outline of the concern being raised with details of times, dates, people and places where appropriate.	
What actions have been taken to date to safeguard the individual?	
Are any other professionals aware of this concern?	
Are the Police involved? If yes is there a crime incident number?	
If injuries are present, please give a brief/accurate description and detail any medical attention sought	
Was the Doctor/GP informed? Yes or No	

Name of Doctor informed	
Date and time of information given	
Has a body chart been completed? If completed please send with this form	

#### Section 4: Relative and/or Name of Main Carer

Name	
Relationship to adult	
Contact Address (including postcode)	
Telephone number	
Email address	
Is relative and/or carer aware of this referral?	

**Section 5: Details of person(s) alleged to have caused harm if abuse is suspected. If self-neglect, please move on to Section 6. Please complete as much of this as is known.**

What is the name of the person(s) alleged to have caused harm	
What is the address of the person(s) alleged to have caused harm	
What is the relationship between the person(s) alleged to have caused harm and the adult who is the subject of the concern?	
Do they live with the adult at risk? If yes, please complete the next part	
What is the occupation of the person alleged to have caused harm	
Does this person hold any position of trust (paid or voluntary)?	

**Section 6: Please provide details of the person raising the concern - We cannot guarantee your anonymity but will try to keep your details confidential if you prefer.**

Name	
Date	
Job Title and/or Relationship to adult referred	
Organisation and address (if applicable)	
Telephone number	
Email address	
Can your details be shared with third parties?	

Do you live with the adult you are concerned about?	
Do you prefer to remain anonymous? If yes, please give your reasons	

**Section 7: Details of person completing the form (add only if different to section 6)**

Name	
Date completed	
Job title and/or relationship to adult referred	
Organisation (If applicable)	
Contact Address (including postcode)	
Telephone number	
Email address	
Where appropriate have you informed your safeguarding lead of this concern?	
Name of safeguarding lead in your organisation	
Email of safeguarding lead	

**Section 8: Type of abuse suspected. Please select which form(s) of abuse you suspect – enter ‘Yes’ to all you believe are applicable:**

Domestic abuse	
Discrimination	
Emotional/Psychological	
Financial	
Modern Slavery	
Neglect & Acts of Omission	
Organisational	
Physical	
Radicalisation	
Self-Neglect	
Sexual	
Other (please specify)	

**FOR HEALTH STAFF ONLY – HAVE YOU COMPLETED YOUR LOCAL INCIDENT FORM PRIOR TO SENDING THIS FORM**

Completed forms should be sent to your relevant Local Authority:

## Southend

- By Email: [acessteam@southend.gov.uk](mailto:acessteam@southend.gov.uk)
- Making a referral/enquiry by telephone: 01702 215008
- Out of hours: 0845 606 1212
- Statutory Agencies – 0300 123 0778
  
- To make a referral to [Children's Services](#):
  - By Email: [mash@southend.gov.uk](mailto:mash@southend.gov.uk)
  - By Phone: 01702 215007 or out of hours 0845 606 1212

## Essex

- By Email: [BusinessSupportAdultSOVAs@essex.gov.uk](mailto:BusinessSupportAdultSOVAs@essex.gov.uk)
- Making a referral/enquiry by telephone: 0845 603 7630
- Out of hours: 0845 606 1212
- Statutory Agencies – 0300 123 0778
  
- To make a referral to [Children Services](#):
  - By Phone: 0345 603 7627 or out of hours 0845 606 1212

## Thurrock

- By Email: [Thurrock.First@thurrock.gov.uk](mailto:Thurrock.First@thurrock.gov.uk)
- Making a referral/enquiry by telephone: 01375 511000
- Out of hours: 01375 372468
  
- To make a referral to [Children's Services](#):
  - By Email: [thurrockmash@thurrock.gov.uk](mailto:thurrockmash@thurrock.gov.uk)
  - By Phone: **01375 652802 or out of hours 01375 372468**