

Safeguarding Adults Report Form

To be completed as fully as possible if you have concerns regarding an adult.

If it is safe to do so, it is important to inform the adult about your concerns and that you have a duty to pass the information onto the safeguarding team. The Safeguarding Team will then look at the information and start to plan a course of action.

Section 1 – Details of adult (you have concerns about)	
Name of adult	
Address	
Date of Birth/ Age	
Contact number	
Emergency contact if known	
Consent to share information with emergency contact?	

Section 2 – Details of the person completing this form	
Name	
Contact phone number(s)	
Email address	
Organisation if not involved with Grampian Heart & Health	
Your Role	

Section 3 – Details of concern		
Please explain why you are concerned and give details about what you have seen/been told/other that makes you believe the adult is at risk of harm or is being abused or neglected (include dates/times/evidence from records/photos etc.)		
Date	Time	What happened

Section 5 – Details of the person thought to be causing harm (if known)

Name	
Address	
Date of Birth/Age (if known)	
Relationship/connection to adult	
Role in/connection to organisation, if any	
Do they have contact with other adults at risk in another capacity? E.g. in their work/family/as a volunteer	

Section 6 - Have you discussed your concerns with the adult? What are their views, What have they stated about what they want to happen and what outcomes they want?

[illegible]

Section 6A – Reasons for not discussing with the adult

Discussion would put the adult or others at risk. Please explain:

Adult appears to lack mental capacity. Please explain:

Adult unable to communicate their views. Please explain:

Section 7 – Risk to others

Are any other adults at risk

Yes/No/Not known*

**delete as appropriate. If yes, complete another form answering questions 1-6*

Are any children at risk

Yes/No/Not known*

**delete as appropriate. If yes, complete a safeguarding children referral form and attach to this.*

Section 8 – What action have you taken if any / agreed with the adult to reduce the risks?

Actions by Grampian Heart & Health e.g. person causing harm suspended

Section 9: Other agencies contacted

Who has been contacted/reference number/contact details/advice gained/action being taken
<p>1. [Name] - [Address] - [Postcode] - [Phone Number] - [Email Address] - [Date of Birth] - [Gender] - [Ethnicity] - [Religion] - [Marital Status] - [Occupation] - [Education Level] - [Languages Spoken] - [Disabilities] - [Mental Health History] - [Substance Use History] - [Criminal Record] - [Current Address] - [Previous Addresses] - [Family Members] - [Social Media Profiles] - [Financial Status] - [Insurance Status] - [Voting History] - [Tax Status] - [Benefit Claims] - [Medical History] - [Prescription History] - [Allergies] - [Chronic Conditions] - [Recent Hospital Admissions] - [Mental Health Assessments] - [Substance Use Assessments] - [Criminal Risk Assessments] - [Social Support Network] - [Community Involvement] - [Employment History] - [Education History] - [Training History] - [Professional Qualifications] - [Licenses] - [Passports] - [Visas] - [Travel History] - [Immigration Status] - [Naturalization Status] - [Citizenship Status] - [Residency Status] - [Home Ownership] - [Mortgage Status] - [Credit History] - [Banking History] - [Investment History] - [Charitable Contributions] - [Volunteer Work] - [Hobbies] - [Interests] - [Values] - [Beliefs] - [Attitudes] - [Personality Traits] - [Strengths] - [Weaknesses] - [Skills] - [Talents] - [Gifts] - [Potential] - [Future Goals] - [Life Goals] - [Career Goals] - [Financial Goals] - [Social Goals] - [Personal Goals] - [Values] - [Beliefs] - [Attitudes] - [Personality Traits] - [Strengths] - [Weaknesses] - [Skills] - [Talents] - [Gifts] - [Potential] - [Future Goals] - [Life Goals] - [Career Goals] - [Financial Goals] - [Social Goals] - [Personal Goals]</p>

Section 10: Contact with Safeguarding Team/others within Grampian Heart & Health

Who else has been informed of this issue and the reason for information sharing

Consultation/s with Safeguarding Team (detail who)	Dates and times

Completed Form copied to Safeguarding Lead

Signed:

Date:

OFFICE USE ONLY
Section 11 – Sharing the concerns (To be completed by Safeguarding Lead)
Details of your contact with the adult at risk of harm. Have they consented to information being shared outside of Grampian Heart & Health?
Details of contact with the Local Authority Safeguarding Team/Multi-agency Adult Protection Committee where the adult at risk of harm lives – advice can be still sought without giving personal details if you do not have consent for a referral.
Details of any other agencies contacted
Details of the outcome of this concern

Please send the completed form to safeguarding@gcra.org.uk. If you require further advice before submitting the form, please telephone the dedicated safeguarding mobile no. 07721 184 449