

Appendices

Appendix 1 - 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 lead. The Safeguarding Lead will then look at the information and start to plan a course of action.

Section 1 – Details of adult (yo	u 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/ Your details		
Name		
Contact phone number(s)		
Email address		
Line manager or alternative		
contact		
Name of organisation / club		
Your Role in organisation		
Section 3 – Details of concern		
Please explain why you are co	oncerned. Please give details about what you have	
seen/been told/other that mo	akes 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		
Relationship/connection to		
adult		
Role in organisation		
Do they have contact with		
other adults at risk in		
another capacity? E.g. in		
their work/family/as a		
volunteer		
	ed your concerns with the adult? What are their views,	
what have they stated about	t what they want to happen and what outcomes they want?	
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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:			
Addit dridble to corrindined to their views. Fledse explain.			
Section 7 - Risk to others			
Are any other adults at risk Yes/No/Not known – delete as appropriate			
If yes please fill in another form answering questions 1-6			
Are any children at risk Yes/No/Not known Delete as appropriate			
If yes please fill in 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?			
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Section 10: Contact with Welfare Officer/others within the organisation				
Who else has been informed of this issue? – and what was the reason for information sharing				
Consultation with Safeguarding Lead	Dates and times			
Completed Form copied to Safeguarding Le	ad: Date and time			
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 HBXL Group?				
Details of contact with the Local Authority Sc				
	t without giving personal details if you do not			
have consent for a referral.				
Details of any other agencies contacted				
Details of any other agencies contacted:				
Details of the outcome of this concern:				