



Adult Safeguarding Alert Referral Form

Once complete, this form should be emailed to:

ASTeam@gov.im

Should you need to post this, please direct this to:

Adult Safeguarding Team, 3rd Floor, Murray House, Mount Havelock, Douglas, IM1 2SF

The Adult Safeguarding Team will not accept responsibility for any delay caused by the referring agent sending through the postal service

Should you require advice, guidance and/or support to complete this form, please call (01624) 685969 during office hours

This form should be used to refer Adults at Risk who are suffering harm and/or abuse from self or others.

NB: - Please ensure the form is filled out accurately and with as much information as possible. A delay in providing this information may result in unnecessary delays to the processing and possible actions required.

If you do not have all the information required, please do not delay and send the Referral information you have. The Adult Safeguarding Team will follow up on your referral and add any additional relevant and required information.

Consent – Please be aware that consent is required prior to submitting this form unless there is sufficient evidence to suggest a lack of capacity to consent. *Please refer to **appendix A** for capacity exclusion criteria.

Section 1

Referrers Details	
Anonymous Referral	<input type="checkbox"/>
Full Name	

If personal, confirm relationship (e.g. mother / father / daughter)	
If professional, confirm profession (e.g. social worker, midwife, CMHP)	
Organisation	
Telephone Number	
Email Address	
Home Address (non-professional referrer)	
Workplace Address (if professional referrer)	

Section 2

Details of Adult at Risk			
Title:			
First Name(s):			
Also known as:			
Surname:			
Client ID: Hospital No. / Rio No. NHS No.			
Date of Birth:		Age:	
Address:		Postcode:	
Type of Accommodation	Own Home (Owned)	<input type="checkbox"/>	
	Own Home (Rented)	<input type="checkbox"/>	
	Hospital (long term)	<input type="checkbox"/>	
	Residential Care	<input type="checkbox"/>	
	Nursing Care	<input type="checkbox"/>	
	Residential Home (Learning Disability)	<input type="checkbox"/>	
	Sheltered Accommodation	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	
	Homeless – No fixed abode	<input type="checkbox"/>	
If not residing at home, please provide current address			
Does individual live			

alone?			
Gender:		Marital Status:	
Nationality:		Religion:	
Primary Presenting Client Group – more than 1 criteria may apply	Older Person – Dementia (65+)		<input type="checkbox"/>
	Younger Person – Dementia (under 65)		<input type="checkbox"/>
	Mental Health		<input type="checkbox"/>
	Alcohol / Substance Misuse		<input type="checkbox"/>
	Self-Neglect		<input type="checkbox"/>
	Learning Disability		<input type="checkbox"/>
	Autistic Spectrum Disorder		<input type="checkbox"/>
	Homeless		<input type="checkbox"/>
	Acquired Brain Injury		<input type="checkbox"/>
	Long Term Health Condition		<input type="checkbox"/>
	Physical Disability		<input type="checkbox"/>
	Older Person – Frailty		<input type="checkbox"/>
	Younger Person – temporary illness		<input type="checkbox"/>
	Sensory Impairment		<input type="checkbox"/>
Communication Needs	Other Language		<input type="checkbox"/>
	Due to Illness		<input type="checkbox"/>
	Hearing impaired		<input type="checkbox"/>
	Deaf		<input type="checkbox"/>
	Blind / Visual Impairment		<input type="checkbox"/>
	Interpreter required		<input type="checkbox"/>
	Non-verbal		<input type="checkbox"/>
	Utilised Augmented Communication		<input type="checkbox"/>
Please advise on any specific communication needs of the individual(s) and methods undertaken to support communication			
General Practitioner details (if Known)			
Adult at Risk Contact Details:			
Telephone:			
Email:			
Preferred Method of Contact (this can be directly or through a 3 rd party if wished)			

Section 3

Details of alleged incident / concern	
What is the nature of the incident / concern	
Physical	<input type="checkbox"/>
Sexual	<input type="checkbox"/>
Psychological / Emotional	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>
Human Trafficking	<input type="checkbox"/>
Self-neglect	<input type="checkbox"/>
Spiritual Abuse	<input type="checkbox"/>
Financial Abuse	<input type="checkbox"/>
Neglect / Omission of Care	<input type="checkbox"/>
Hate Crime	<input type="checkbox"/>
Discriminatory	<input type="checkbox"/>
Organisational	<input type="checkbox"/>
Modern Slavery	<input type="checkbox"/>
Radicalisation	<input type="checkbox"/>
Harassment / Bullying	<input type="checkbox"/>
Female Genital Mutilation	<input type="checkbox"/>
<p>Please provide further details about the incident(s) and/or concern(s). Time(s) & dates(s) as well and places. If the individual was being supported by a service provider at the time of the incident please record this information.</p> <p>**When completing this form, it is important to differentiate between fact, opinion and hearsay</p>	
Date of incident(s)	Time(s) of incident
Location	Residential Long Term Care <input type="checkbox"/>
	Residential / Nursing Respite <input type="checkbox"/>
	Nursing Long Term Care <input type="checkbox"/>
	Older Persons Day Centre <input type="checkbox"/>
	Learning Disability Day Centre <input type="checkbox"/>
	Learning Disability Respite <input type="checkbox"/>
	Sports Facility <input type="checkbox"/>
	Recreation Facility <input type="checkbox"/>
	Home Address <input type="checkbox"/>
	Friend Address <input type="checkbox"/>
	Hospital – Mental Health <input type="checkbox"/>

	Hospital – General Health	<input type="checkbox"/>
	Hospital – Other	<input type="checkbox"/>
	Public Transport	<input type="checkbox"/>
	Residential Home – Learning Disability	<input type="checkbox"/>
	Supported Accommodation – Mental Health	<input type="checkbox"/>
	Sheltered Accommodation – Older Persons	<input type="checkbox"/>
	Further and Higher Education College/Place of Learning	<input type="checkbox"/>
	Family Address	<input type="checkbox"/>
	Place of Worship	<input type="checkbox"/>
	Public Place	<input type="checkbox"/>
Were there any children involved in the incident? If so, please provide details (name, age and address if different)		
Others involved:		
Name	Address	
Are there any pets at the home address that may be at risk or be a risk factor? Please provide information if relevant		

Section 4

Details of alleged Person Causing Harm			
Not applicable:	<input type="checkbox"/>		
Full name:			
Also known as:			
Age or date of birth:		Gender:	
Relationship to Adult at Risk:			
Does the alleged person causing harm present with their own support needs?		Please provide further details if applicable	
Is the alleged person causing harm known to any statutory services, e.g. Police, Social Work, Health, Probation?		Please provide further information	
Does the alleged person causing harm have a known history of violence? (e.g.		If applicable, please provide	

weapons, sexual, physical, verbal)		more details	
Is the alleged person causing harm aware of this alert?			
Does the alleged person causing harm live with the Adult at risk?			
Is the alleged person causing harm the main carer for the Adult at risk?			

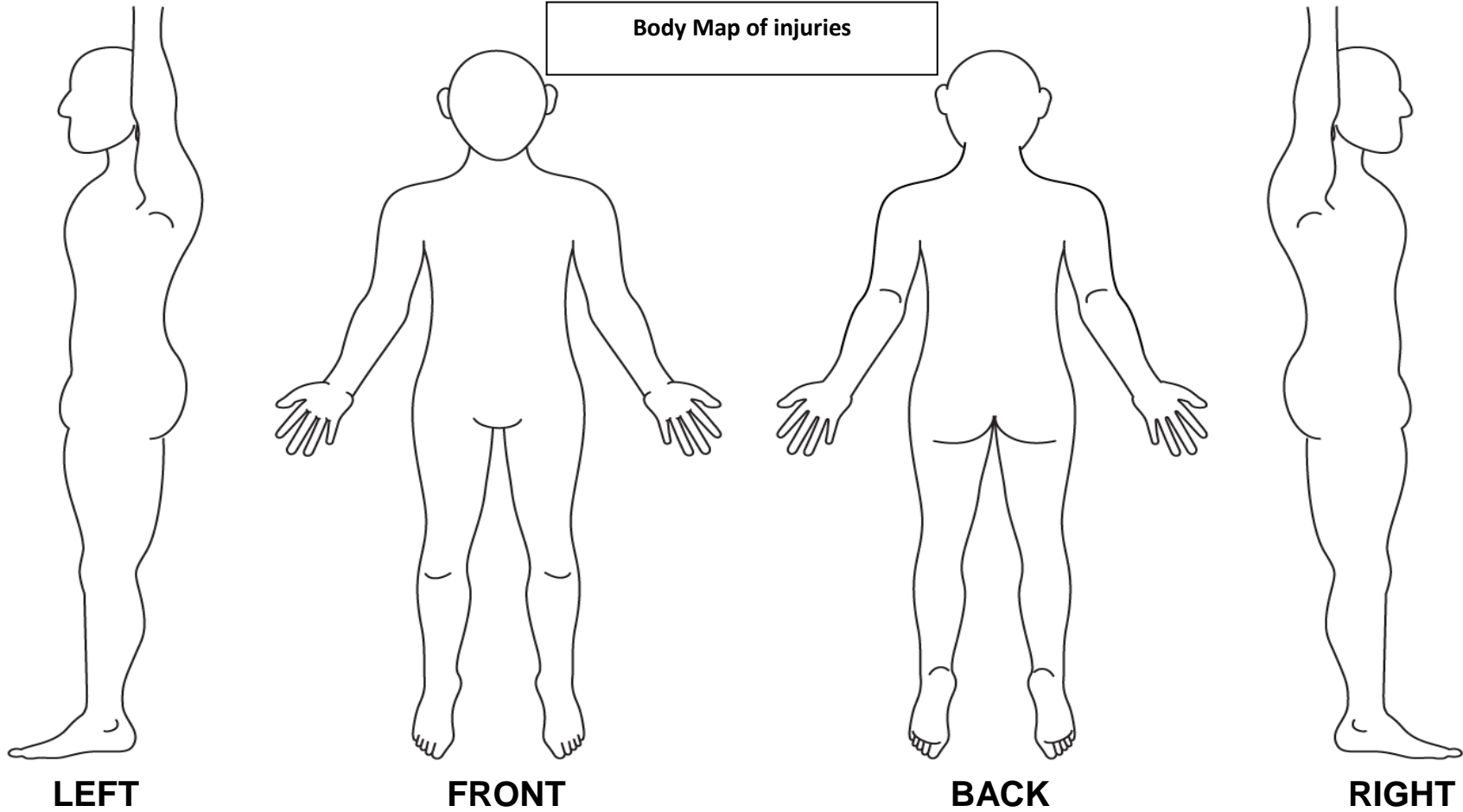
Section 5

Other Relevant information	
Does the Adult at Risk have mental capacity?	
Has the Adult at Risk been made aware of this referral?	
Does the Adult at Risk consent to this referral?	
If the Adult at Risk has not provided consent, please provide rationale behind this decision	

Guidance Notes

- Record all visible marks
- Appearance, size & extent are important
- Note exact location
- Clearly mark:
 - ✓ Bruising
 - ✓ Redness
 - ✓ Abrasion
 - ✓ Scratch
 - ✓ Laceration
 - ✓ Rash
 - ✓ Dry skin
 - ✓ Pressure sore

NB: Record colouring of bruises



Comments (if any):		
Completed by:	Organisation:	Date:

Section 6

Interim Safety Plan	
Has an Interim Safety Plan been put into place pending contact from the Adult Safeguarding team?	Yes / No
IF YES – please provide details as to the Interim Plan	
IF NO – Please provide rationale as to why no action was required	

Please sign and date on the understanding you have provided a true account and accurate information which represents the current circumstances of the Adult at risk of harm

Full Name:	Signature:
Job Title:	Date: