

**Safeguarding Adults at Risk Alert e-Form**

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| 1. Contact details of adult at risk: | |
| Name |  |
| Address: |  |
| CareFirst / other ID No: |  |
| D.O.B. / estimated age: |  |
| Gender: |  |
| Contact No: |  |

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| Ethnicity: Tick Only One Answer | | | | | | | | | |
| White | | | English / Welsh / Scottish / Northern Irish / British | | | | |  | |
| Irish | | | | |  | |
| Gypsy or Irish Traveller | | | | |  | |
| Any other White background | | | | |  | |
| Mixed / Multiple ethnic groups | | | White and Black Caribbean | | | | |  | |
| White and Black African | | | | |  | |
| White and Asian | | | | |  | |
| Any other mixed / multiple ethnic background | | | | |  | |
| Asian / Asian British | | | Indian | | | | |  | |
| Pakistani | | | | |  | |
| Bangladeshi | | | | |  | |
| Chinese | | | | |  | |
| Any other Asian background | | | | |  | |
| Black / African / Caribbean /  Black British | | | African | | | | |  | |
| Caribbean | | | | |  | |
| Any other Black / African / Caribbean background | | | | |  | |
| Other ethnic group | | | Arab | | | | |  | |
| Any Other Ethnic group | | | | |  | |
| Not stated | | | | | | | |  | |
| Undeclared / Not known | | | | | | | |  | |
| Vulnerability / Client Category: Tick Only One Answer | | | | | | | | | |
| Hearing Impairment |  | Visual Impairment | |  | Dual Sensory Loss |  | Physical Disability | |  |
| Learning Disability |  | Autism | |  | Aspergers |  | Alcohol/Drug Misuse Issues | |  |
| Frailty and/or Temporary Illness |  | Mental Health | |  | Mental Health Dementia |  | Terminal Illness | |  |
| Asylum Seeker |  | HIV | |  | If ‘Other’ detail below | | | | |
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| 2. GP details for adult at risk if known: | | | | | | | |
| Name |  | | | | | | |
| Address / Surgery: |  | | | | | | |
| Contact No: |  | | | | | | |
| 3. Is this adult at risk an Informal Carer: | | Yes | | | No | | Don’t Know |
| 4. Has the adult at risk agreed to this alertbeing made? | | Yes | No | Don’t Know | | | Unable to consent |
| 5. Supporting information around consent:  What actions have been taken to gain consent? Has the adult at risk given a view as to what they wish to happen? Are there issues of mental capacity for the adult at risk in giving consent? If so, does the adult at risk have a representative / family member who has been contacted? Has the adult at risk expressed a preference as to how and when they can be contacted? | | | | | | | |
|  | | | | | | | |
| 6. Please provide a description of the alleged abuse / harm:  Give as much detail as possible, including: What happened and when; who witnessed it or made you aware of it: is the person alleged to have caused harm still in contact with the adult at risk? | | | | | | | |
|  | | | | | | | |
| 7. Describe any physical injury or distress:  Include details of any immediate action taken, such as calling the Police / emergency services and any actions taken to support the person and reduce the risk / harm. | | | | | | | |
|  | | | | | | | |
| 8. Date of alleged abuse:  Estimate if necessary. If ongoing list dates currently known. | | | | | | | |
|  | | | | | | | |
| 9. Details of the individual or organisation alleged to have caused harm / be the source of risk:  Please give known details, name, address, organisation. | | | | | | | |
|  | | | | | | | |
| 10. Does the person / organisation alleged to have caused harm know you are raising this alert? | |  | | | | | |
| 11. Please give details: | | | | | | | |
|  | | | | | | | |
| 12. Are they the main carer for the adult at risk? | |  | | | | | |
| 13. Are they an adult at risk themselves? | |  | | | | | |
| 14. Do they live with the adult at risk? | |  | | | | | |
| 15. Are there any children at risk?  If there are children thought to be at risk of harm you must report concerns to:  Children and Young Persons Services  Advice Contact and Assessment Service (ACAS) on 01273 295920.  **In an emergency situation contact the Police** | |  | | | | | |
| 16. Abuse Category: \*select more than one if appropriate | | | | | | Discriminatory  Institutional  Financial / Material  Physical  Neglect and acts of Omission  Emotional/Psychological  Sexual | |
| 17. Location / setting of where alleged abuse took place: | |  | | | | | |
| 18. Contact details of person completing alert form: | | | | | | | |
| Name |  | | | | | | |
| Job title if applicable: |  | | | | | | |
| Relationship to adult at risk: |  | | | | | | |
| Organisation if applicable: |  | | | | | | |
| Contact No / email address: |  | | | | | | |
| Date: |  | | | | | | |
| Incident / accident number if applicable |  | | | | | | |

**If you are unclear which team to send this to, forward to the Access Point Team via Fax: 01273 296372 or e-mail** [AccessPoint@brighton-hove.gov.uk](mailto:AccessPoint@brighton-hove.gov.uk)

**In an emergency contact Emergency Services**