

**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 alert being 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 ServicesAdvice 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

**In an emergency contact Emergency Services**