

Nottinghamshire Safeguarding Adults -
Appendix One -Details Required when Notifying Adult Social Care



This pro forma is to assist you in gathering all of the relevant details prior to making a referral to Adult Social Care. You do not need to send it anywhere; however you may find it useful to complete a copy for your records and for ease when referring.

Details of Vulnerable Adult

Name Date of Birth
Address

Service User ID/
Episode ID Gender M F

Date of Referral

Has a referral been made about this vulnerable adult before? Y N

Has a referral been made about this service/provider before? Y N

Has a referral been made about the alleged perpetrator before? Y N

Clients Ethnic Origin

- Black African Black Caribbean Mixed White and Asian
 Bangladeshi Chinese Mixed White and Black African
 Indian Pakistani Mixed White and Black Caribbean
 White British White Irish Mixed White and Chinese
 Other Asian Other Black Other Mixed background
 Other White Other Ethnic group

Vulnerable Adults Client Group

- Over 65s Learning Disability Physical Disability
 Mental ill Health Issues Substance Misuse Deaf
 Blind HIV/Aids Carer

Is the Vulnerable Adult known to other agencies:

Yes If yes please provide details:
 No

Is the Vulnerable Adult from another District / Authority:

Yes If yes please provide details:
 No

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Details about the Allegation of Abuse

Source of Alert

- | | | |
|--|--|---|
| <input type="checkbox"/> Acute Hospital | <input type="checkbox"/> Adult Social Care & Health | <input type="checkbox"/> Alleged Perpetrators |
| <input type="checkbox"/> Anonymous | <input type="checkbox"/> Care Home | <input type="checkbox"/> Care Home with Nursing |
| <input type="checkbox"/> Care Quality Commission | <input type="checkbox"/> Community Hospital | <input type="checkbox"/> Counsellor / Therapist |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Domestic Violence Unit | <input type="checkbox"/> Formal Advocate |
| <input type="checkbox"/> Friend | <input type="checkbox"/> GP | <input type="checkbox"/> Home Care Agency |
| <input type="checkbox"/> Independent Healthcare Provider | <input type="checkbox"/> Main Family Carer | <input type="checkbox"/> Member of the public |
| <input type="checkbox"/> NCC Customer Service Team | <input type="checkbox"/> Neighbour | <input type="checkbox"/> Nottinghamshire Healthcare Trust |
| <input type="checkbox"/> Nottinghamshire PCT | <input type="checkbox"/> Other family member | <input type="checkbox"/> Other PCT |
| <input type="checkbox"/> Other Service User | <input type="checkbox"/> Paid Carer | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Police | <input type="checkbox"/> Prison / Probations | <input type="checkbox"/> Self Directed Support Staff |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Vulnerable Adult Themselves | <input type="checkbox"/> Voluntary Agency |
| <input type="checkbox"/> Other (please specify) | | |

Location of Abuse

- | | |
|---|---|
| <input type="checkbox"/> Acute hospital | <input type="checkbox"/> Adult placement scheme |
| <input type="checkbox"/> Alleged perpetrators home | <input type="checkbox"/> Care Home - Permanent |
| <input type="checkbox"/> Care Home - Temporary | <input type="checkbox"/> Care Home with Nursing - Permanent |
| <input type="checkbox"/> Care Home with Nursing - Temporary | <input type="checkbox"/> College / Adult Education / Work |
| <input type="checkbox"/> Community Hospital | <input type="checkbox"/> Day centre / service |
| <input type="checkbox"/> Mental Health Inpatient Setting | <input type="checkbox"/> Other Health Setting |
| <input type="checkbox"/> Public place | <input type="checkbox"/> Sheltered accommodation |
| <input type="checkbox"/> Supported accommodation | <input type="checkbox"/> Vulnerable adult's own home |
| <input type="checkbox"/> Vulnerable adult's parents home | <input type="checkbox"/> Vulnerable adult's relatives home |

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Other (please specify)

Type of Abuse

- | | | |
|---|--|---|
| <input type="checkbox"/> Discriminatory | <input type="checkbox"/> Psychological | <input type="checkbox"/> Sexual |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Physical | <input type="checkbox"/> Neglect and Acts of Omission |

Date and time of Incident:

Brief description of the allegation / abuse:

Details about the alleged perpetrator

Name

	Telephone	
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Address

Age

<input type="checkbox"/> -18	<input type="checkbox"/> 18-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60	<input type="checkbox"/> 61-70	<input type="checkbox"/> 71-80	<input type="checkbox"/> 80+
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Gender M F

Alleged Perpetrator

- | | | |
|---|--|--|
| <input type="checkbox"/> Day Care Staff | <input type="checkbox"/> Friend | <input type="checkbox"/> Health Care Worker |
| <input type="checkbox"/> Home Care Staff | <input type="checkbox"/> Main family carer | <input type="checkbox"/> Neighbour |
| <input type="checkbox"/> Other service user | <input type="checkbox"/> Other family member | <input type="checkbox"/> Other Professional (Nurse, GP, Social Worker etc) |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Self Directed Support Staff | <input type="checkbox"/> Social Worker / Care Manager |
| <input type="checkbox"/> Stranger | <input type="checkbox"/> Unknown | <input type="checkbox"/> Volunteer / befriender |

Is the alleged perpetrator living with the vulnerable adult?

Yes No

Is the allegation related to a concern about the establishment rather than an individual?

Yes No

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Actions against the alleged perpetrator (suspension etc):

Details of the Referrer

Name

Telephone

email

Referrer Organisation (please tick)

NOTE: If you are unable to find the type of organisation that is appropriate to you, please check first as you may be acting in the role of Alerter.

- | | | |
|--|---|--|
| <input type="checkbox"/> ASCH | <input type="checkbox"/> Bassetlaw Hospital Trust | <input type="checkbox"/> Bassetlaw PCT |
| <input type="checkbox"/> Care Home | <input type="checkbox"/> Care Quality Commission | <input type="checkbox"/> Day Care Staff |
| <input type="checkbox"/> District Council | <input type="checkbox"/> Education/Training/
Workplace Establishment | <input type="checkbox"/> Home Care Agency |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Independent Healthcare
Provider | <input type="checkbox"/> NHS Direct |
| <input type="checkbox"/> Nottingham City PCT | <input type="checkbox"/> Nottingham University
Hospitals | <input type="checkbox"/> Nottinghamshire
Healthcare Trust |
| <input type="checkbox"/> Nottinghamshire PCT | <input type="checkbox"/> Out of County | <input type="checkbox"/> Police |
| <input type="checkbox"/> Sherwood Forest
Hospital Trust | <input type="checkbox"/> Supporting People Service | <input type="checkbox"/> Voluntary Sector |