

**Safeguarding Adult Plan**

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| **Name of Safeguarding Adult Manager** |  |
| **Contact Details of Safeguarding Adult Manager** |  |

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| **Name of Adult** |  |
| **DOB** |  |
| **Address** |  |
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| **Date of Incident** |  |
| **Date of Safeguarding Plan** |  |

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| **Actions accepted by the Adult** | **Person Responsible** | **Responsible Organisation** | **Start date and frequency eg/ weekly/ongoing** | **Evidence****Action completed** | **Lead person/s responsible to review actions**  |
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**NB: it is advised that the lead SAM ask staff to sign a disclaimer to state they are responsible for the review.**