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|  INTERNAL USE ONLY |
| Date received |

All information to be completed on this form and is a mandatory requirement- please contact the Safeguarding Adults Team if you require assistance protectadult@tameside.gov.uk |
| safeguarding adult concern form

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| --- | --- | --- |
| HAS ADULT GIVEN CONSENT TO SHARE INFORMATION WITH TASPB | YES | NO |
| If NO PLEASE STATE REASONS FOR RAISING CONCERN: |  |

 |
| NAME: |  | 🞎 M 🞎 F | DOB: |  |
| ADDRESS: |  | CONTACT DETAILS: |  |
|  |
| Ethnicity  |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ethnic Origin | British □ | Irish □ | Any other white background □ | White and Black □ |
|  | White and Black African □ | White and Asian □ | Any other mixed background | Indian □ |
|  | Pakistani □ | Bangladeshi □ | Any other Asian Background □ | Caribbean □ |
|  | African □ | Any other Black Background □ | Chinese □ | Any other Ethnic Group □ |

 |
| DETAILS OF THE CONCERN |
| **DATE OF INCIDENT (IF KNOWN):** | **PRESENTING ISSUES:** | **DATE CONCERN RAISED:** |
| **CATEGORY OF PRESENTING ISSUES** |
| **MISSED CALL** | **MEDICATION ERROR** | **PRESSURE ULCER** |
| **UNSAFE DISCHARGE** | **SERVICE USER ALTERCATION** | **OTHER** |
| **LOCATION OF ALLEGED ABUSE** |
| **CARE HOME-NURSING** | **IN COMMUNITY (EXCLUDING COMMUNITY SERVICES)** | **HOSPITAL-ACUTE** |
| **CARE HOME-RESIDENTIAL** | **IN A COMMUNITY SERVICE** | **HOSPITAL- MENTAL HEALTH** |
| **OWN HOME** | **OTHER** | **HOSPITAL- COMMUNITY** |
| **NAME OF ALLEGED PROVIDER/ORGANISATION (IF APPLICABLE)** |

|  |
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| **WHY IS ADULT AT RISK?** **(Please refer to policy and procedures for definitions)** |
| PHYSICAL ABUSE | NEGLECT AND ACTS OF OMISSION | DOMESTIC ABUSE |
| PYSYCHOLOGICAL AND EMOTIONAL | FINANCIAL AND MATERIAL | DISCRIMINATORY |
| ORGANISATIONAL ABUSE | MODERN SLAVERY | SEXUAL EXPLOITATION |
| SELF NEGLECT | SEXUAL ABUSE | FORCED MARRIAGE |
| RADICALISATION | FEMALE GENITAL MUTILATION (FGM) |  |

|  |  |
| --- | --- |
| **FURTHER DETAILS** |  |
| NAME AND DESIGNATION OF SAFEGUARDING ADULT MANAGER RAISING CONCERN: | **ORGANISATION/TEAM/WARD AND DEPARTMENT:****TELEPHONE NUMBER:****EMAIL ADDRESS:** |  |
| If you are an Independent provider please complete with one of the following}1. *Who is funding the adults care.*
2. *If you are an Independent provider of a person who is paying for their own care please indicate the name of the person you have spoken to in adult social care.*
 |  |  |
| DATE DISCUSSION TOOK PLACE: |  |  |
| DATE OF INITIAL STRATEGY MEETING:(PLEASE ENSURE ALL STRATEGY MINUTES ARE SUBMITTED TO THE SAFEGUARDING ADULTS TEAM)<http://www.tameside.gov.uk/socialcare/adultabuse/policy> |  |  |
| IF REMAINING AS A CONCERN PLEASE PROVIDE DETAILS OF ACTIONS TAKEN (EG. SIGNPOSTED TO OTHER ORGANISATION): | *Only complete this section if remaining as a Concern only.* |  |
| IF NOT REMAINING A CONCERN PLEASE STATE TYPE OF ENQUIRY | STATUTORY ENQUIRY | NON -STATUTORY ENQUIRY: |  |
| **TO BE COMPLETED IF A NON STATUTORY/STATUTORY ENQUIRY FOLLOWING STRATEGY** |  |
| **NAME OF SAFEGUARDING ADULT MANAGER LEADING ENQUIRY:** | Only complete this section if going to Enquiry | **CONTACT DETAILS****(PLEASE INCLUDE EMAIL ADDRESS)**  |  |
| **HAS ADULT GIVEN CONSENT TO INVOKE SAFEGUARDING ADULT PROCEDURES?** | **YES** | **NO** |  |
| **IF NO PLEASE STATE REASON FOR RAISING ENQUIRY:** | **ADULT DOES NOT HAVE CAPACITY** | **OTHERS ARE AT RISK** |  |

**If the safeguarding adults procedures have been invoked and an enquiry has been raised please ensure the adult/advocate is provided with the safeguarding process leaflet** [**http://www.tameside.gov.uk/socialcare/adultabuse**](http://www.tameside.gov.uk/socialcare/adultabuse)