|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | 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](mailto:protectadult@tameside.gov.uk) | | | | | | | |
| safeguarding adult concern form  |  |  |  | | --- | --- | --- | | 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)** | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **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:** | | |  |
| PLEASE INDICATE NAME OF SAM, CONCERN DISCUSSED WITH, WITHIN COMISSIONING ORGANISATION: (IF APPLICABLE) | |  | | |  |
| 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): | |  | | |  |
| 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:** |  | | **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)