

Safeguarding adults: concern form – SET SAF

Adult reference no: (Swift/PRN/NHS, if known)		Date form completed:	
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Please complete as much of the form as possible, if a question is not known put N/K.

1. Tell us if the concern is for an adult or an organisation			
Name of adult you are concerned about:			
Organisation:			
Address of adult:			
Gender:		Phone number:	
Age:		Date of birth:	
Ethnic origin and/or nationality:			
Is it safe to make contact?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please give details of how contact could be made safely – for example, a safe time of day, or whether it would be safe for the GP or another organisation to make contact:			
Does the adult have any communication needs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give brief details:			
Are they aware of this concern?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, why not?			
Have they agreed to this concern being raised?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, why not?			
Is the adult in receipt of any social or health care services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give brief details:			



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2. Current situation and details of the incident/concern(s) being raised

Does the adult continue to be at risk of harm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are there other adults who may be at risk of harm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If the answer to either of the above is yes, please describe the risk that remains and the names of any others potentially at risk. A referral to children's services should also take place if there is a child at risk in the household.

3. Details of the concern(s) being raised

Time of incident:		Date of incident:	
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Location of incident:	
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Concern:	
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What would the adult like as the outcome of the enquiry?

Brief factual details of the incident. Include a clear factual outline of the concern with details of times, dates, people and places. Please continue on separate sheet if required.

If injuries are present, please give a brief/factual description:

Has a body chart been completed? Please attach or forward as soon as possible.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Details of any medical attention sought:



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Doctor informed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, include name of doctor and include date and time of information given.			
Actions taken to date to safeguard the adult:			
Are other professionals aware in this alert?			
Police involved?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please state the crime incident number.			
4. Relative/name of main carer			
Name:		Relationship to adult:	
Is relative/carers aware of this referral?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address:			
County:		Postcode:	
Phone number:		Mobile number:	
Email:			
5. Details of person(s) alleged to have caused harm – if self-neglect, move on to section 6.			
Name:			
Gender:		Date of birth:	
Address:			
Do they live with the adult?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, in what capacity? For example, spouse, fellow resident, carer:			
What is the relationship between the person(s) alleged to have caused harm and the adult who is the subject of the concern?			
What is the occupation of the person alleged to have caused harm?			
Does this person hold any position of trust (paid or voluntary)?			



6. Details of the person raising the alert – for professionals this information can only remain confidential in exceptional circumstances.

Can your details be shared with third parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you live with the adult you are concerned about?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you prefer to remain anonymous?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give your reasons for remaining anonymous:		
Name:		Date:
Job title and/or relationship to adult referred:		
Organisation (if applicable):		
Address:		
County:		Postcode:
Phone number:		Mobile number:
Email address:		

7. Details of person completing the form – add only if different to section 6

Name:		Date:	
Job title and/or relationship to adult referred:			
Organisation (if applicable):			
Address:			
County:		Postcode:	
Phone number:		Mobile number:	
Email address:			
Safeguarding lead's name in your organisation:			
Email address of safeguarding lead:			

Where appropriate have you informed your safeguarding lead of this concern?

For health staff – have you completed your local incident form prior to sending this form?

8. Please tick which form of abuse you suspect

<input type="checkbox"/> Physical	<input type="checkbox"/> Organisational	<input type="checkbox"/> Self-neglect
<input type="checkbox"/> Sexual	<input type="checkbox"/> Modern slavery	<input type="checkbox"/> Domestic abuse
<input type="checkbox"/> Psychological	<input type="checkbox"/> Neglect	<input type="checkbox"/> Not determined
<input type="checkbox"/> Financial or material	<input type="checkbox"/> Discriminatory	<input type="checkbox"/> Vulnerable to radicalisation



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Completed forms should be sent to your relevant local authority.

<p>Southend</p> <p>Email: accessteam@southend.gov.uk Fax: 01702 534 794</p>	<p>Making a referral/enquiry by telephone: 01702 215 008 (option 1)</p> <p>Out of hours referrals:</p> <ul style="list-style-type: none"> • General public – 0345 606 1212 • Statutory agencies – 0300 123 0778 • Fax – 0300 123 0779
<p>Essex</p> <p>Email: socialcaredirect@essex.gov.uk Fax: 0345 601 6230 Post: Social Care Connect, Essex House, 200 The Crescent, Colchester, Essex, CO4 9YQ</p>	<p>Making a referral/enquiry by telephone: 0345 603 7630</p> <p>Out of hours referrals:</p> <ul style="list-style-type: none"> • General public – 0345 606 1212 • Statutory agencies – 0300 123 0778 • Fax – 0300 123 0779
<p>Thurrock</p> <p>Email: safeguardingadults@thurrock.gov.uk Fax: 01375 652 760</p>	<p>Making a referral/enquiry by telephone: 01375 511 000</p> <p>Out of hours referrals:</p> <ul style="list-style-type: none"> • Phone – 01375 372 468 • Fax – 01375 397 080

Thurrock only – how we will use your information

We will use your information to provide the service requested. We may share your personal data between our services and with partner organisations, such as government bodies and the police. We will do so when it is of benefit to you, or required by law, or to prevent or detect fraud. To find out more, go to thurrock.gov.uk/privacy. Get free internet access at libraries and community hubs.



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