# **Safeguarding Concerns form SA1**

## Part One - Information about the Adult at Risk

| Date of alleged abuse identified | Date of safeguarding alert  |
| --- | --- |
|       |       |

| Information needed | Details |
| --- | --- |
| Vulnerable Adult’s Full Name *Please include all names* |       |
| Gender |  |
| Date of Birth |        |
| Vulnerable Adult’s Address |        |
| Postcode |        |
| Phone Number |        |
| Client Number (If Known) |        |
| Primary Client Group |  |
| Long Term Health Condition |  |
| Primary Support Reason |  |
| Living Arrangements |  |
| Type of Accommodation |  |
| Ethnicity |  |
| Ethnic Sub Group |  |
| Preferred Language |       |
| Religion |        |
| Communication Needs (Language, Sensory needs?) |       |
| Has the adult at risk been subject to a previous Safeguarding Adults investigation? |  |
| Is the vulnerable adult aware you are making the referral |  |
| If **NO**, why not? |       |

## Summary of Allegation

| Information needed | Details |
| --- | --- |
| Source of Possible Risk |  |
| Type of Alleged Abuse |  |
| Date & Time of Abuse |       |
| Setting where the alleged abuse took place |  |
| Details of Establishment or Location |       |
| Provider / Service Previously Referred |  |
| Is the alleged victim placed with another LA? |  |
| Is this a Hate Crime? |  |
| Is this Domestic Abuse? |  |
| Details of Allegation**Please give details of the specific incident, including time and place.****Information should include location, key dates, role and people involved or informed (record as much as possible)** |       |
| Crime Reference Number |       |
| Has doctor been informed? |  |
| Has a body chart been completed? |  |

## Information about the alleged person causing the harm

| Alleged Perpetrator Known? |
| --- |
|  |

| Information needed | Details |
| --- | --- |
| Name |        |
| Gender |  |
| Date of Birth |       |
| Does the alleged person causing the harm live with the adult at risk? |  |
| What is the relationship of the alleged person causing the harm? |  |
| Are they aware of the alert? |  |
| Address/Contact details |        |
| Comments |       |

## Information about the involvement of other agencies

| Information needed | Details |
| --- | --- |
| Is this a matter for police involvement? |        |
| If **Yes**, provide Crime Reference Number |        |
| Is the vulnerable adult known to other agencies (List all) |        |
| If there is a registered provider involved, has CQC been informed? Record date, how and by whom? |        |

## What are the immediate risks to the adult at risk?

| Information needed | Details |
| --- | --- |
| Does the adult at risk continue to be at risk? |  |
| Details of risks |       |
| Are other adults or children perceived to be at risk. |  |
| Give details of those at risk, in the case of a care homes state the providers |        |

## What immediate actions have been / need to be taken to protect the adult at risk?

| Details of Action | To be completed by | When by |
| --- | --- | --- |
|       |       |       |

| Please state what the views are from the vulnerable adult about the incident? Please be mindful of the risk of contamination of evidence by asking lots of questions of the vulnerable adult.  |
| --- |
|        |

## Details of person completing this form

| Information needed | Details |
| --- | --- |
| Full Name |        |
| Job Title |        |
| Manager |        |
| Contact Phone Number |        |
| Email |        |
| Who have you passed this form to? (include name, position and date) |        |
| Form Completion Date |        |

You must notify Slough Borough Council as soon as possible, When you have completed this form please send it immediately to the Safeguarding Administrator:

* Email: Safeguarding.Adults@Slough.gov.uk
* Phone: 01753 475111

***Please confirm that this form has been received by calling the safeguarding administrator.***