

## Safeguarding Adults Referral Form

This form is to be used to notify Adult Social Care of suspected or actual instances of abuse or neglect and is the start of a Safeguarding Adults (Section 42) Enquiry under the Care Act 2014. Details of how and who to send this form to are available on page 4.  
Please attach further pages if necessary.

This form should be completed as fully as possible **within 48 hrs and sent to the Safeguarding Adults Team (or EDT if outside working hours)** in order that robust decisions can be made about the progression, or otherwise, of the Safeguarding Adults Enquiry.

### Details of person completing this form

Name:		Organisation:	
Job title:		Type of service:	
Email address:			
Phone number:		Date of referral to Adult Social Care:	

### Details of incident/suspected/actual abuse or neglect

Date of alleged incident:		Who reported the alert/concern?	
Time of alleged incident:		Date of report:	
Where did the incident occur?			

### Details of the adult at risk

Name:		Date of Birth:	
Telephone:		Ethnicity:	
Address:			

### What is the adult's primary reason for needing care and support?

Please tick  or cross

Physical support:	<input type="checkbox"/>	Sensory support:	<input type="checkbox"/>	Support with memory and cognition:	<input type="checkbox"/>
Learning disability support:	<input type="checkbox"/>	Asperger's syndrome support:	<input type="checkbox"/>	Autism support:	<input type="checkbox"/>
Mental health support:	<input type="checkbox"/>	Social support (includes support for carers/substance misusers):	<input type="checkbox"/>	No support reason:	<input type="checkbox"/>
Other health condition:	<input type="checkbox"/>	<i>Please specify:</i> _____			

### Any other details about the adult at risk:

### Views, wishes and desired outcomes of the adult / representative:

### Details of the person alleged to have caused harm (where relevant)

Name:		Date of Birth:	
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<b>Telephone:</b>		<b>Ethnicity:</b>	
<b>Address:</b>		<b>Relationship to adult at risk:</b>	
<b>If the alleged abuser is a staff/volunteer, provide details (<i>include. employer, job role, work address</i>):</b>			
Please tick <input type="checkbox"/> or cross <input type="checkbox"/>			
		<b>YES</b>	<b>NO</b>
<b>Are they an adult with care and support needs?</b>			
<b>Details of care and support needs (<i>if applicable</i>):</b>			
<b>Any other details about the alleged abuser(s):</b>			

<b>Description of the alleged incident/harm</b>
Please give a detailed description of the incident (including times), all people involved, witnesses and any other comments you feel are relevant. If the concern relates to physical abuse please provide a body map.

<b>Type of abuse</b>	Please tick <input type="checkbox"/> or cross <input type="checkbox"/> all that apply			
<b>Physical</b>	<b>Sexual</b>		<b>Psychological/emotional</b>	
<b>Financial/material</b>	<b>Neglect/omission</b>		<b>Discriminatory</b>	
<b>Organisational/institutional</b>	<b>Self-neglect</b>		<b>Domestic abuse/violence</b>	
<b>Modern slavery</b>	<b>Radicalisation/extremism</b>		<b>Other</b>	
<b>If other, please specify:</b>				

	Please tick <input type="checkbox"/> or cross <input type="checkbox"/>	<b>UNKNOWN</b>	<b>YES</b>	<b>NO</b>
<b>Is the adult at risk of further abuse/neglect?</b>				
<b>What has been done to ensure the immediate safety of the adult at risk and others?</b> ( <i>Completing and submitting this form does not constitute management of immediate risks</i> ).				
	Please tick <input type="checkbox"/> or cross <input type="checkbox"/>	<b>YES</b>	<b>NO</b>	

<b>Were the Police called?</b>		
<b>Please provide the outcome of the Police action and Police log number (if available):</b>		
Please tick <input type="checkbox"/> or cross <input type="checkbox"/>		
	<b>YES</b>	<b>NO</b>
<b>If the incident relates to domestic abuse/violence, has the MARAC Checklist (CAADA-DASH) been completed?</b>		
<b>If yes, has a referral to MARAC been considered?</b> <i>Please provide details, including discussions with your agency's contact for MARAC:</i>		

<b>Please provide details of other agencies involved who may be able to help with the safeguarding adults enquiry:</b>			
Please tick <input type="checkbox"/> or cross <input type="checkbox"/>		<b>YES</b>	<b>NO</b>
<b>Are you aware that there been any previous referrals made in relation to this adult at risk or alleged perpetrator?</b>			
<b>If yes, please provide details (e.g. dates, type of abuse, action taken):</b>			
Please tick <input type="checkbox"/> or cross <input type="checkbox"/>		<b>UNKNOWN</b>	<b>YES</b>
		<b>NO</b>	
<b>Are there any risks to others (other adults, children)?</b>			
<b>Please provide details (also include who this information has been shared with – e.g. Police, Children's Social Care, MAPPA). If there are risks to children you must notify Children's First Response.</b>			

<b>Involvement of the adult(s) at risk</b>				
The following section is crucial to determining the next steps in the safeguarding adults enquiry and every attempt should be made to complete it as fully as possible.				
Please tick <input type="checkbox"/> or cross <input type="checkbox"/>		<b>YES</b>	<b>NO</b>	
<b>Has the adult(s) at risk given consent for this referral?</b>				
<b>If no, please confirm why you have not sought consent or are overriding consent</b>				
Please tick <input type="checkbox"/> or cross <input type="checkbox"/>				
<b>Public interest (risks to others)</b>		<b>Risk of serious harm</b>		<b>Suspected serious crime</b>
<b>Adult at risk lacks mental capacity to provide consent (best interest decision made)</b>		<b>Ability to consent is affected by threatening or coercive behaviour</b>		<b>Seeking consent would increase risks to the adult or others</b>
<b>Other (please specify):</b>				

Please tick <input type="checkbox"/> or cross <input type="checkbox"/>		YES	NO
Do you think the adult at risk has mental capacity in relation to making decisions about their safety?			
If no, has a mental capacity assessment been undertaken?			
Do you think the adult at risk would have substantial difficulty in participating in the safeguarding enquiry process?			
Please tick <input type="checkbox"/> or cross <input type="checkbox"/>		<b>UNKNOWN</b>	<b>YES</b>
If yes, is there a suitable person who could represent them? (e.g. family member, friend, advocate)			<b>NO</b>
Has the adult at risk's family been informed of the concerns (where the adult has consented to this)?			
Please provide the name and contact details of this suitable person:			
If you think the adult at risk may need support to participate in the Safeguarding Adults Process, please provide details of what support may be required:			
What does the adult at risk (or their representative) say that they want to happen as a result of the Safeguarding Adults enquiry?			
Desired outcomes:			

<b>Signed:</b>		<b>Date:</b>	
<b>Printed:</b>		<b>Time:</b>	

**What happens next?**

Buckinghamshire County Council's Adult Social Care will use the information in this form to make an assessment of the level of harm and vulnerability of the adult at risk. Further information may be needed from you and other organisations involved. This assessment, alongside the desired outcomes of the adult at risk (or their representative) will determine whether the Safeguarding Adults Enquiry continues. The initial decision to progress, or not, is made by an Adult Social Care Manager. Feedback will be provided to the person who completed this form, unless specified otherwise. **It is your responsibility to challenge decisions that you disagree with.** If you remain unhappy with the decision that has been made, please escalate your concerns by contacting Safeguarding Adults Team on **0800 137 915**.

**Storage of this Information**

This document contains personal and sensitive information when completed and should be stored securely according to your own organisation's procedures. It is **your** responsibility to ensure that this is done.

## Returning this completed document

Information about how this document should be sent safely and securely  
Once completed, this document contains personal and sensitive information.

### Sending the information to Adult Social Care

- It is intended that you complete the form electronically and send it via email to [safeguardingadults@buckscc.gov.uk](mailto:safeguardingadults@buckscc.gov.uk)
- The form should either be sent to **Safeguarding Adults Team** direct or to the allocated Social Worker of the adult at risk, if you are aware that they have one. If you do not know, please send the form to Safeguarding Adults Team. It is the responsibility of the person sending the form to ensure it has arrived with Adult Social Care.
- It is best practice to telephone the **Safeguarding Adults Team** prior to sending the form, this is particularly important if you are faxing the form (see below).



Safeguarding Adults Team: **0800 137 915** (Mon-Fri, 9am-5pm)



[safeguardingadults@buckscc.gov.uk](mailto:safeguardingadults@buckscc.gov.uk)

- The form should be sent on the next working day following the concern. It is not necessary to contact or to send the form to the Out of Hours Service. However, the Out of Hours Service can provide help with urgent social care if that is required 0800 999 7677.
- If you handwrite the form, please make sure that your handwriting is legible. Prior to printing a copy off, you may wish to increase the box sizes or add further sheets if you are completing it by hand.
- **Post.** The documents should be sent via recorded delivery. Documents should be double enveloped. On the outer envelope it should clearly state **“To be opened by named addressee only”**. There should be a return address on the outer envelope. The inner envelope should be marked **“OFFICIAL”**.

Safeguarding Adults Team  
Multi Agency Safeguarding Hub  
Aylesbury Police Station  
Wendover Road  
Aylesbury Bucks  
HP21 7IA

- **Delivery in person.** The form can be hand delivered. You should obtain a signature from the intended recipient to confirm delivery.