**Safeguarding Adults at Risk**

**Incident and Disclosure Report form**

**Confidential**

To be completed as fully as possible if you have concerns regarding an adult at risk. It is important to inform the adult at risk about your concerns and that you have a duty to pass the information onto the designated safeguarding officer (DSO). The DSO will then look at the information and start to plan a course of action, in conjunction with yourself, the adult at risk involved and if necessary social care or other relevant organisations.

Once completed return to [safeguarding@rsc.org](mailto:safeguarding@rsc.org)

**IF YOU THINK A CHILD OR ADULT WITH CARE AND SUPPORT NEEDS IS IN IMMEDIATE DANGER, DIAL 999 AND ASK FOR THE APPROPRIATE EMERGENCY SERVICE**

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| **Section 1. Details of adult at risk**  *An Adult at Risk is a person who is aged 18 or over and*   * *has needs for care and support (whether or not the local authority is meeting any of those needs);* * *is experiencing, or at risk of, abuse or neglect; and* * *as a result of those needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.*   *The Care Act (2014)* | |
| Name of adult | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Date of birth | Click or tap here to enter text. |
| Approx. age if date of birth not known | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Permanent address | Click or tap here to enter text. |
| Current location if not at address above | Click or tap here to enter text. |
| Contact number | Click or tap here to enter text. |

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| Details of any dependents (of any age) | | | |
| Name (s) | DOB | Gender | Lives with adult (Y/N) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| IF THERE ARE ANY CONCERNS FOR THE SAFETY OF ANY CHILDREN, THESE MUST BE REFERRED THROUGH A CHILDREN’S SAFEGUARDING INCIDENT REPORT FORM | | | |

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| Section 2. Consent |
| Has the Adult at Risk given consent for this referral? Choose an item.  If No, please confirm why this referral is being made without it, e.g risk to others or the Adult at Risk lacks the capacity to make this decision  Click or tap here to enter text.  Is the Adult at Risk aware this referral has been made? Choose an item.  If No, please give the reason as to why the Adult at Risk was not made aware of the referral  Click or tap here to enter text. |
| Are there any doubts about the Adult at Risks capacity to consent?  Click or tap here to enter text. |
| Do you think the Adult at Risk requires care and support? Choose an item.  Please provide reasons for your view  Click or tap here to enter text. |

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| **Section 3. Details of the incident/s, disclosure/s and/or ongoing concerns** | | | |
| Detail what you have seen/been told/other that makes you believe the Adult at Risk is being abused or is at risk of abuse  (*Include - The nature, degree and extent of the abuse or neglect (what happened); The length of time it has been occurring (previous incidents, what happened and date);The impact on the individual and / or their carers / family (injury, distress); Location and time of any incident)*  Click or tap here to enter text. | | | |
| Please indicate the abuse type if known (leave blank if uncertain) | | | |
| Physical abuse | Choose an item. | Modern slavery | Choose an item. |
| Domestic violence | Choose an item. | Discriminatory abuse | Choose an item. |
| Sexual abuse | Choose an item. | Organisational abuse | Choose an item. |
| Psychological abuse | Choose an item. | Neglect | Choose an item. |
| Financial/Material abuse | Choose an item. | Self-neglect | Choose an item. |
| Does the Adult at Risk continue to be at risk of abuse? Choose an item.  If Yes, describe the risks that remain, and any immediate action needed:  Click or tap here to enter text. | | | |
| Are there any other people who may be at risk of abuse? Choose an item.  If Yes, add details and describe the risks that remain and action you are taking:  Click or tap here to enter text. | | | |
| Have you discussed your concerns with the Adult at Risk? Choose an item.  If Yes, what are their views, what outcomes have they stated they want (if any)?  Click or tap here to enter text. | | | |
| Have you discussed your concerns with anyone else? e.g the carer/partner/spouse/family member of the Adult at Risk Choose an item.  If Yes, what are their views?  Click or tap here to enter text. | | | |

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| **Section 4. Details of alleged abuser/suspect** | | | | |
| Name | Click or tap here to enter text. | | Title | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | | | |
| Postcode | Click or tap here to enter text. | | Phone | Click or tap here to enter text. |
| Relationship to the Adult at Risk? | | Click or tap here to enter text. | | |
| If provider, please add the provider’s name | | Click or tap here to enter text. | | |
| Are they aware this referral has been made? Choose an item.  Reason as to why the alleged abuser/suspect was not made aware of the referral  Click or tap here to enter text.  Does the abuser/suspect live with the Adult at Risk? Choose an item. | | | | |

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| **Section 5. Details of person making this referral** | | | | | |
| Name | Click or tap here to enter text. | | Title | Click or tap here to enter text. | |
| Job Role | Click or tap here to enter text. | | Email | Click or tap here to enter text. | |
| Team | Click or tap here to enter text. | | | | |
| Phone | Click or tap here to enter text. | | Date/time referral completed | | Click or tap here to enter text. |
| Relationship to Adult at Risk | | Click or tap here to enter text. | | | |
| Are you reporting your own concerns or responding to concerns raised by someone else? | | Click or tap here to enter text. | | | |
| If someone else please give their details (name, organisation/department, relationship to child (if relevant) and contact details) | | Click or tap here to enter text. | | | |
| Does the referrer consent to their details being shared with third parties? Choose an item.  Click or tap here to enter text. | | | | | |

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| **Section 6. Additional Information** |
| Is there any other information you believe we need to know about the referral?  Click or tap here to enter text. |
| Signed: Click or tap here to enter text. |
| Date: Click or tap here to enter text. |

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| **OFFICE USE ONLY** |
| **Section 7. Sharing the concerns (to be completed by DSO)** |
| Details of your contact with the adult at risk. Have they consented to information being shared outside the Royal Society of Chemistry?  Click or tap here to enter text. |
| Details of contact with the Social Care Team where the adult at risk lives – advice can still be sought without giving personal details if you do not have consent for a referral  Click or tap here to enter text. |
| Details of any other agencies contacted  Click or tap here to enter text. |
| Details of the outcome of this concern  Click or tap here to enter text. |