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| **Pro-forma for referring incidents of concern****Including Adult Support & Protection Concerns** |
| **Please complete this online form, encrypt with password and send to Church of Scotland Safeguarding Service. Do not send as a PDF.****Section A: To be completed by the service identifying a concern** **Section B: Completed by the Church of Scotland Safeguarding** **Section C: To be completed by the service.** |
| **Section A** |
| **1** | **Details of CrossReach Service making referral**  |
|  | **Name of Service** |  |
|  | **Address** |  |
|  | **Tel/Mobile** |  |
| **2** | **Details of Referrer** |
|  | **Name**  |  |
|  | **Position** |  |
|  | **E-mail** |  |
|  |
| **3** | **Details of adult suspected or reported to be harmed/at risk of** **harm** |
|  | **Name** |  |
|  | **DOB/Age** |  |
|  | **Address** |  |
| **4** | **Details of suspected, witnessed or reported concern.**1. *Who witnessed or reported what, where and when?*
2. *What type of harm is suspected or reported e.g. physical, financial, sexual, emotional, neglect etc.?*
3. *Include location, times and dates.*
4. *Names of witnesses or others affected by the event.*
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|  |  |
| **5** | **Person causing the suspected or reported harm/at risk of harm, if applicable.** |
| **Name** |  |
| **Relationship to adult being referred** |  |
| **Tel/Mob** |  |
| **Address** |  |
| **E-mail** |  |
| **6** | **Professionals /****Agencies Involved**  | **Name** | **Contact Details** | **Have they been notified** |
| **Social Work** |  |  |  |
| **GP** |  |  |  |
| **Psychiatrist/CPN etc** |  |  |  |
| **Care Inspectorate**  |  |  |  |
| **Other (e.g., family, Guardians/POAs.)** |  |  |  |
| **7** | **Is the adult an adult at risk of harm under adult support & protection legislation?** |  |
| **8** | **Has the adult been informed that information will be shared?** |  |
| **9** | **What are their views and wishes?** |
|  |  |
| **10** | **What has been put in place to minimise and/or prevent harm or risk of harm?**  |
|  |  |
| **11** | **Details of any previous adult support and protection concerns; and the outcomes? [If there is a chronology – please attach.]** |
|  |  |
| **12** | **Has your Head of Service been notified?** |
| **YES** |  |
| **NO****[If not, why?]** |  |
| **13** | **Signed (Worker)** |  |
| **Position** |  |
| **Signed (Manager)** |  |
| **Date** |  |

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| **Section B** |
| **Confirmation of Safeguarding Advice** |
| **Date** |  |
| **From** |  |
| **Tel/Mob** |  |
| **E-mail** |  |
|  |
| **Name of subject:** |  |
| **CrossReach Service**: |  |
| **Safeguarding advice/ recommended actions** |
|  |
| *This advice is based on the information available on the date of discussion.* *Please advise about inaccuracies so that this record can be amended.* |

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| **Section C** |
| **ACTION PLAN** |
| **Action**  | **By Whom** | **Date** | **Outcome** |
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