|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** | Anywhere Support Service for Learning Disabilities | | | |
|  | **Address** | Anywhere St, Nowhere Land, KZ4 2YN | | | |
|  | **Tel/Mobile** | 0162456789 | | | |
| **2** | **Details of Referrer** | | | | |
|  | **Name** | **Elsa Johnson** | | | |
|  | **Position** | **Manager** | | | |
|  | **E-mail** | **elsa.johnson@crossreach.org.uk** | | | |
|  | | | | | |
| **3** | **Details of adult suspected or reported to be harmed/at risk of** **harm** | | | | |
|  | **Name** | **Zara Cronin** | | | |
|  | **DOB/Age** | **36** | | | |
|  | **Address** | Anywhere St, Nowhere Land, KZ4 2YN | | | |
| **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.* | | | | |
|  | During an outing to a museum, Zara went missing from staff. When she was found relief staff member shouted at her not to do that again as we were worried. Zara was a bit upset but cheered up soon after. | | | | |
| **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** | **Keelin Noname** | |  | **Yes** |
| **GP** | **Anywhere Medical Centre** | |  |  |
| **Psychiatrist/CPN etc** |  | |  |  |
| **Care Inspectorate** |  | |  | **Yes** |
| **Other (e.g., family, Guardians/POAs.)** |  | |  | **Yes** |
| **7** | **Is the adult an adult at risk of harm under adult support & protection legislation?** | | | | **Yes** |
| **8** | **Has the adult been informed that information will be shared?** | | | | **No** |
| **9** | **What are their views and wishes?** | | | | |
|  |  | | | | |
| **10** | **What has been put in place to minimise and/or prevent harm or risk of harm?** | | | | |
|  | Zara has been told not to stray from the group again. | | | | |
| **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)** | | Elsa Johnson | | |
| **Position** | | Manager | | |
| **Signed (Manager)** | | Elsa Johnson | | |
| **Date** | | 01/01/2025 | | |

|  |  |
| --- | --- |
| **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.* | |

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