



## Safeguarding Alert Form

<p>1. Has the person consented to their information being shared with the safeguarding team?</p> <p>2. Does the person lack capacity to consent to their information being shared?</p> <p>3. Are you concerned a crime been committed?</p> <p>4. Do you think there is a risk to others</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><b><u>If YES to any of these questions move to question 5</u></b></p> <p><b><u>IF you have no consent to share or have not ticked yes to 2, 3 or 4 above</u></b></p> <p>The law does not prevent the sharing of confidential, sensitive, personal information if there is a safeguarding concern, sharing information is justified if you need to:-</p> <p>prevent death or serious harm</p> <p>If you feel a crime is being committed</p> <p>If there is significant third party concerns</p> <p>If you need to identify people who may pose a risk to others.</p>
5. Who are you concerned about	Name
6. Date of Birth of the person you are concerned about (if not this should not prevent you from making the referral)	DOB
7. URN if known	URN:
8. What are the contact details of the person who you have concerned about (please provide as much detail to this as you have, address and telephone number)	
9. Gender (as defined by the person)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER

10. Ethnicity of the person you are concerned about (as defined by the individual).	
11. Do you feel that others may be at risk, do you have concerns for other adults or children who may also be at risk of harm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. What are the details of other adults or children who may also be at risk?	
13. Have you also considered making a referral to the Children and Families Hub if children at risk	<input type="checkbox"/> Yes <input type="checkbox"/> No ( if not why not?)
14. Client group	<input type="checkbox"/> Physical Disability <input type="checkbox"/> Older Adult <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Substance Misuse <input type="checkbox"/> Other Health Issues <input type="checkbox"/> Mental Health
15. Which category of abuse are you concerned about? (If you cannot easily define this do not let this prevent you from sending the referral form)?	<input type="checkbox"/> Discriminatory abuse <input type="checkbox"/> Physical abuse (please complete body map appendix 1) <input type="checkbox"/> psychological abuse <input type="checkbox"/> Financial/material abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Organisational abuse <input type="checkbox"/> Hate crime <input type="checkbox"/> Mate crime <input type="checkbox"/> Female genital mutilation <input type="checkbox"/> Modern slavery <input type="checkbox"/> Domestic abuse <input type="checkbox"/> Neglect /acts of omission <input type="checkbox"/> Self-neglect (if Self-Neglect is the main concern then please use self-neglect tool kit referral process).
16. Detail your concern	
17. Does the person you are concerned about feel there is a problem and if so what are the person's view of the concerns?	

18. What does the person want to happen as a result of this alert?	
19. Is there a specific individual/organisation/ who is thought to have caused harm?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes name, relationship, role, organisation, contact details
20. Is the person you feel concerned about still in the place where the alleged abuse has occurred?	<input type="checkbox"/> YES <input type="checkbox"/> NO If no please state where they are
21. Is the person currently at immediate risk of harm? What harm do you feel/think that they may be at continued risk of being subjected to?	<input type="checkbox"/> YES <input type="checkbox"/> NO Detail:
22. What immediate actions have been taken to safeguard adult at risk?	Detail:
23. What is the best method of making contact with adult at risk?	
24. Are there any factors that may increase immediate risk?	<input type="checkbox"/> YES <input type="checkbox"/> NO Detail:
25. Are there barriers to communication?	<input type="checkbox"/> YES <input type="checkbox"/> NO Detail
26. Details of person raising alert	Name  Organisation  Contact details
27. Date and time of alert	

***Please return to Single Point of Referral (SPOR) –  
[SPOR@health.gov.je](mailto:SPOR@health.gov.je) or call 01534 444440***

**SPOR, Adult Social Services | Eagle House | Don Road | St Helier | JE2 4QD**

**For more information please go to: [www.safeguarding.je](http://www.safeguarding.je)**

# Appendix 1

## Body Map

Where appropriate use this form to provide further information to support a safeguarding concern.

Date when the injury happened (if known)

Date injury below was first observed (if this is different) to the original date

**Record the area/site of any injury, marks, bruising, etc.** Please also indicate the rough size in centimetres or use a comparison, for example, the same size as a 10p coin. Record details such as the colour of bruising, etc.

A – Pressure trauma B – skin excoriation/grazing/reddening C – burns  
D – bruising E – wounds

