

Form SAO

Safeguarding Adults

Tell us your concern *(formerly referred to as alerting)*

You can report concerns by completing this form: Send by secure email to: spor@health.gov.ie

You can speak to us via the single point of referral (Mon to Fri - office hours) **01534 444440**

If a crime has occurred & police help is needed please call 01534 612612, (or 999 in an emergency)

Please complete all information in the sections below. Failure to do so may result in the form not being able to be processed and being returned to you for completion.

Date Safeguarding Concern Raised:

1. Who is the person at risk?

Title: Mr/Mrs/Ms/Other	First Name(s):	Surname:	Date of Birth: Age:
Address: Post Code: Tel:		URN: (if known)	
		Gender:	
		Language spoken:	
		Communication needs:	
		Ethnicity:	
		Religion:	
		Other:	
Primary Support Reason:			
Physical support needs. (exc. sensory support needs)	<input type="checkbox"/>	Support with memory / cognition. (including dementia)	<input type="checkbox"/>
Mental health support needs. (excluding dementia)	<input type="checkbox"/>	Support for learning disability.	<input type="checkbox"/>
Sensory support needs.	<input type="checkbox"/>	Support for substance misuse.	<input type="checkbox"/>
The individual being referred is an informal carer.	<input type="checkbox"/>	Other (please specify below.	<input type="checkbox"/>

2. What existing professional/care/support services is the person receiving (if any)?

All information contained within this document is strictly confidential. It should not be used for any purpose other than the protection or care of the adult(s) concerned.

--

3. Details of the safeguarding concern

(A) Describe what has happened, when and where. (B) What are the person at risk's views about this incident (C) Describe the risks or any injuries or harm experienced by the person at risk

--

Please tick here if a Body Map has been completed

Type(s) of abuse: Please tick more than one if required

Physical abuse	<input type="checkbox"/>	Sexual abuse	<input type="checkbox"/>
Domestic abuse	<input type="checkbox"/>	Emotional / Psychological abuse	<input type="checkbox"/>
Financial / Material abuse	<input type="checkbox"/>	Discriminatory abuse	<input type="checkbox"/>
Neglect & acts of omission (excluding pressure ulcers).	<input type="checkbox"/>	Self-Neglect.	<input type="checkbox"/>
Pressure Ulcer Concern – Please attach decision guide	<input type="checkbox"/>	Organisational / institutional abuse	<input type="checkbox"/>
Modern Slavery	<input type="checkbox"/>	Hate & Mate Crime	<input type="checkbox"/>
Female Genital Mutilation (FGM)	<input type="checkbox"/>		

4. What does the person at risk want to happen now?

What are the desired outcomes of the person at risk? (That is, what do they wish to achieve from the support they might receive, such as feeling safe at home or having no contact with certain individuals)

--

Has the person at risk given consent for these concerns to be raised? Yes No

Did the person have capacity to give consent? Yes No

Can you justify why consent was not ascertained? Complete in part 7

5. Actions already taken in relation to the safeguarding concerns?

Details of action taken:

--

Have the police been informed? Yes No Crime Ref. Number:

All information contained within this document is strictly confidential. It should not be used for any purpose other than the safeguarding or care of the adult(s) concerned.

Has medical intervention been sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No	From where/whom?
---------------------------------------	--	------------------

6. Details of the person or organisation alleged to be responsible for the abuse or neglect

Name:		Date of Birth:	
Address:		Gender:	
Post Code:		Does the person/organisation know that a safeguarding concern has been raised? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
What is their relationship to person at risk?		Is this person also an adult at risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are they known to the person at risk? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional information, such as previous concerns:			

7. Any other relevant information

Include any safety or confidentiality issues that may impact on how the concern is acted upon and why consent needs to be overridden

--

8. Details of the person completing this form

Name:		Job Title:	
Address:			
Post Code:			
Tel:		Date:	

Please send by secure email to Single Point of Referral (SPOR) – spor@health.gov.ie

Appendix 1 Body Map

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

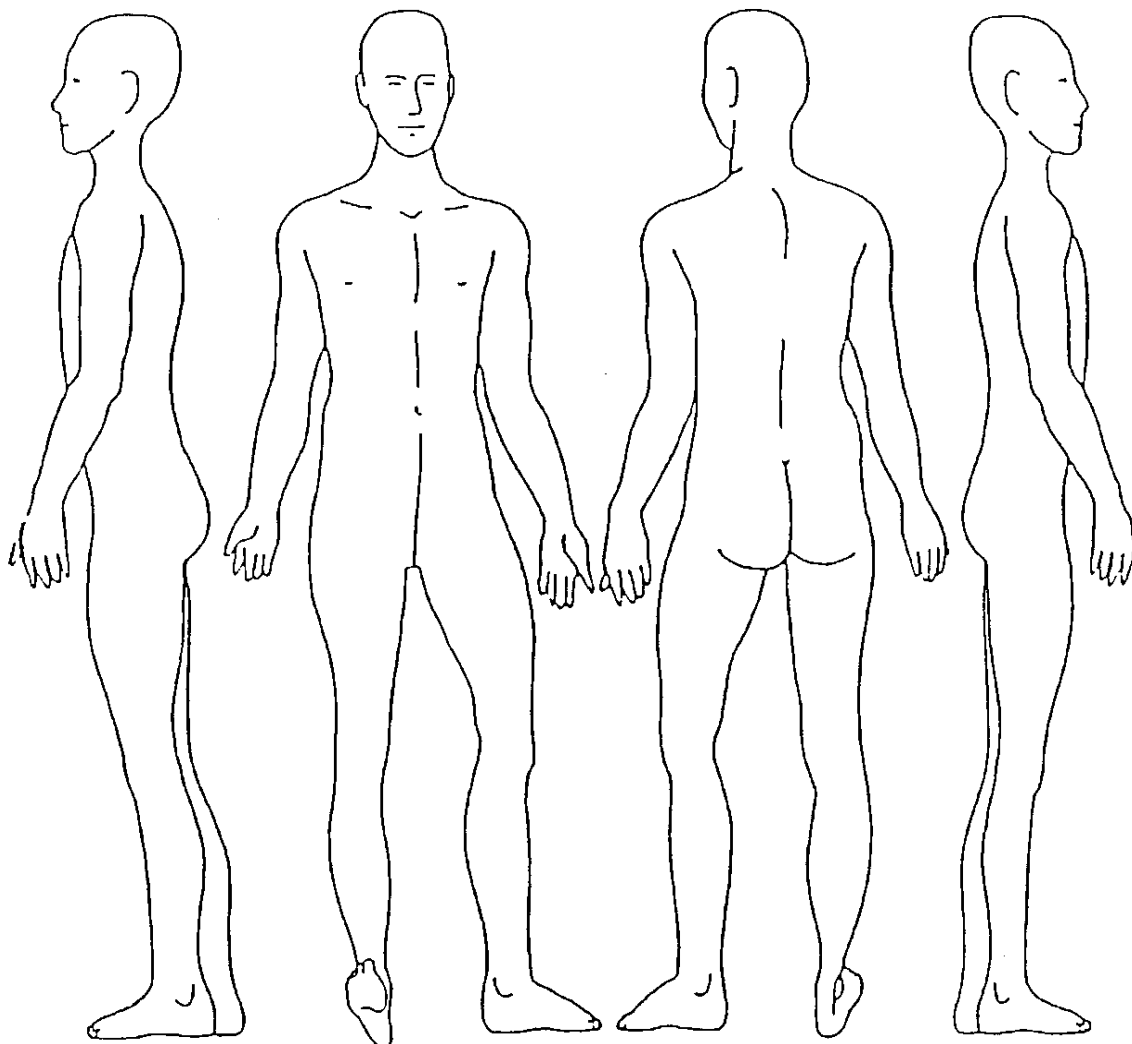
All information contained within this document is strictly confidential. It should not be used for any purpose other than the safeguarding or care of the adult(s) concerned.

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



All information contained within this document is strictly confidential. It should not be used for any purpose other than the safeguarding or care of the adult(s) concerned.