

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 Friday - office house) **01534 444440**

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

Please complete this form with as much information as possible.

We cannot progress without key details; you must complete domains marked with a *

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 <input type="checkbox"/> (exc. sensory support needs)	Mental health support needs <input type="checkbox"/> (excluding dementia)	Support for learning disability <input type="checkbox"/>	
Sensory support needs <input type="checkbox"/>	Support with memory/cognition <input type="checkbox"/> (including dementia)	Support for substance misuse <input type="checkbox"/>	
Carer support needs <input type="checkbox"/>		Other (please specify below) <input type="checkbox"/> _____	

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

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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
(C) Describe the risks or any injuries or harm experienced by the person at risk

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Please tick here if a Body Map has been completed

Type(s) of abuse *

Physical	<input type="checkbox"/>	Domestic abuse	<input type="checkbox"/>	Financial / Material	<input type="checkbox"/>
Neglect / Acts of omission	<input type="checkbox"/>	Discriminatory	<input type="checkbox"/>	Organisational	<input type="checkbox"/>
Psychological	<input type="checkbox"/>	Sexual abuse	<input type="checkbox"/>	Self-Neglect	<input type="checkbox"/>
Modern slavery	<input type="checkbox"/>	Hate Crime (mate)	<input type="checkbox"/>	FGM	<input type="checkbox"/>

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

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4a. 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

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

Did the person have mental 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:

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

Has medical intervention been sought? Yes 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:	
		Does the person/organisation know that a safeguarding concern has been raised?	
Post Code:		<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:	

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