**Adults Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Frameworki No: |       | NHS ID: |       |

|  |  |
| --- | --- |
| Title |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Date of Birth | dd/mm/yyyy |

|  |  |
| --- | --- |
| Gender |  |

|  |  |
| --- | --- |
| Ethnicity |  |

|  |  |
| --- | --- |
| Address |       |
| Postcode  |       |
| Telephone no |       |

|  |  |
| --- | --- |
| Primary Support Reason |  |
| Social Support |  |

|  |
| --- |
| Please give a brief overview of the adults care and support needs, health conditions and care being provided. Include support needed to enhance communication (e.g. language/ hearing loss): |
|       |

**Next of Kin (or main person in their life) details:**

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Address |       |
| Postcode  |       |
| Telephone no |       |
| Mobile no |       |
| Email address |       |
| Relationship |       |

**Details of GP’s**

|  |  |
| --- | --- |
| Name of GP |       |

|  |  |
| --- | --- |
| Address of GP |       |
| Telephone no |       |

|  |
| --- |
| **Does this person live alone?** |
| Yes [ ]  No [ ]  |

|  |
| --- |
| If no, please give details: |
|       |

|  |
| --- |
| Is the Adult aware or raising this concern? |
| Yes [ ]  No [ ]  Not Known [ ] Does the Adult consent to information being shared and concerns being raised?Yes [ ]  No [ ]  Not Known [ ]  |

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| --- |
| If you have answered ‘Yes’ please tell us what they want to happen about it and if you have answer ‘No’ or ‘Not Known’ please give reasons why not: |
|       |

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| --- |
| Are there any indications that the adult may not have capacity around this concern? If so has a capacity assessment been completed? |
| Yes [ ]  No [ ]  Not Known [ ]  |

|  |
| --- |
| Has the Person and/or service thought to be the cause of risk been informed about the concerns being raised? |
| Yes [ ]  No [ ]  |

|  |
| --- |
| Provide details: |
|       |

**Carers details (if applicable):**

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Address |       |

**Details of Concern/Incident:**

|  |
| --- |
| *If there are any physical injuries consider completing a Body Map.* |
| Date this happened: | dd/mm/yyyy |
| Time this happened: | 00:00 |

|  |
| --- |
| Has this happened before/is it an on-going concern? |
| Yes [ ]  No [ ]  Not Known [ ]  |

|  |
| --- |
| What are the concerns being raised? Give brief details including information about the person(s) or service(s) thought to be the cause of risk: |
|       |

|  |
| --- |
| What, if any, action has already been taken to minimise any risk for the Adult? |
|       |

|  |
| --- |
| Are the Police aware or involved? |
| Yes [ ]  No [ ]  Not Known [ ]  |

|  |
| --- |
| If answer is yes, please give details, including Police Crime Reference Number |
|      Any further information?      |

|  |
| --- |
| Relevant persons or professionals involved, this may include, Care Quality Commission, Contracts, Multi-Agency Risk Assessment Conference, Other Local Authority, etc. – *Please provide contact details.*  |
|       |

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| --- |
| What are the risks for the adult? – *Please provide details* |
|       |

|  |
| --- |
| Do you have concerns about other adults being at risk? |
| Yes [ ]  No [ ]  Not Known [ ]  |
| If the answer above is yes please give details and describe any action taken to reduce risk to other adults: |
|       |

|  |
| --- |
| Are there any known risks to workers or other adults/children who may visit? |
| Yes [ ]  No [ ]  Not Known [ ]  |

|  |
| --- |
| If answer above is yes, please give details of who has been contacted or is involved |
|       |

**Details of the person raising concerns**

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Address |       |
| Telephone no |       |
| Mobile no |       |
| Email address |       |

|  |
| --- |
| Do you wish to remain anonymous when this information is shared? *Please note that this may not always be possible, if you wish to discuss call Adults Carepoint in the first instance* |
| Yes [ ]  No [ ]  Not Known [ ]  |

|  |
| --- |
| Are you a Whistle-blower? |
| Yes [ ]  No [ ]  Not Known [ ]  |

|  |
| --- |
| Person Centred Outcomes |
| Has the adult stated what they want the outcome of safeguarding to be? | Yes [ ]  No [ ]  Not Known |
| Desired outcomes stated by the adult: | How the adult feels these outcomes may be achieved? |
| 1. |  |
| 2. |  |

|  |  |
| --- | --- |
| Name of person raising concerns: |  |
| Date: | dd/mm/yyyy |

|  |
| --- |
| **Our centralised first point of contact is called ‘Adults’ Carepoint’****Phone**: 01243 64 21 21**Email**: socialcare@westsussex.gov.uk**Opening hours**: 9am–5pm Monday - Friday**Address**: Adult Services Carepoint, West Sussex County Council, 2nd Floor The Grange, County Hall, Chichester, West Sussex, PO19 1RG |