**CAMBRIDGESHIRE & PETERBOROUGH ADULTS SAFEGUARDING REFERRAL FORM**

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| **DIAL 999 IN AN EMERGENCY AND ASK FOR THE APPROPRIATE EMERGENCY SERVICE**  **Safeguarding Referrals:**  **Cambridgeshire:** Call 0345 045 5202 (Monday to Friday, 9am to 5pm)  **Peterborough:** Call 01733 747474 (Monday to Friday 9am to 5pm)  **For Both Areas:** Out of Hours call 01733 234724  **Completed referrals should be sent to:**  **Cambridgeshire:** [referral.centre-adults@cambridgeshire.gov.uk](mailto:referral.centre-adults@cambridgeshire.gov.uk)  **Peterborough:** [adultsocialcare@peterborough.gov.uk](mailto:adultsocialcare@peterborough.gov.uk) | | | | | | | | | | |
| **Details of Adult at risk.** *An Adult at Risk is a person who is aged 18 or over and*   * *has needs for care and support (whether or not the local authority is meeting any of those needs);* * *is experiencing, or at risk of, abuse or neglect; and* * *as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.*   *The Care Act (2014)* | | | | | | | | | | |
| Name | Click here to enter text. | | | | Title | | | | Click here to enter text. | |
| DOB | Click here to enter text. | | | | Approx. age if DOB not known | | | | Click here to enter text. | |
| Email | Click here to enter text. | | | | Post code | | | | Click here to enter text. | |
| Permanent Address | Click here to enter text. | | | | Phone | | | | Click here to enter text. | |
| Current Location (e.g. Ward or Unit) | | Click here to enter text. | | | | | | | | |
| Gender | Choose an item. | | | | Nationality | | | | Click here to enter text. | |
| Preferred Language | Click here to enter text. | | | | Ethnicity | | | | Choose an item. | |
| Does the adult at risk require support with communication? | | | | | | | | | Choose an item. | |
| If yes, please give details | | | Click here to enter text. | | | | | | | |
| Agency Identification No. (e.g. NHS No.) | | | Click here to enter text. | | | | | | | |
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| **Adult at Risk’s GP details** | | | | | | | | | | |
| Name | Click here to enter text. | | | | | Is GP aware of referral? | | Choose an item. | | |
| Surgery name and address | Click here to enter text. | | | | | | | | | |
| **Details of any dependants (of any age)** | | | | | | | | | | |
| Name(s) | | | | DOB | | | Gender | | | Lives with adult (Y/N) |
| Click here to enter text. | | | | Click here to enter text. | | | Click here to enter text. | | | Click here to enter text. |
| **IF THERE ARE ANY CONCERNS FOR THE SAFETY OF ANY CHILDREN, THESE MUST BE REFERRED TO Children’s MASH**  http://www.safeguardingcambspeterborough.org.uk/children-board/reporting-concerns/ | | | | | | | | | | |

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| **Consent** | | | | | | | | | | | |
| Has the adult at risk given consent for this referral? Choose an item.  If No, please confirm why this referral is being made without it, e.g. risk to others or the Adult at Risk lacks the capacity to make this decision  Click here to enter text.  Is the adult at risk aware this referral has been made? Choose an item.  If No, please give the reason as to why the Adult at Risk was not made aware of the referral  Click here to enter text. | | | | | | | | | | | |
| Are there any doubts about the adult at risks capacity to consent?  y/n comments | | | | | | | | | | | |
| Do you think the adult at risk requires care and and support? Choose an item.  Please provide reasons for your view:  Click here to enter text. | | | | | | | | | | | |
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| **Details of the incident/s and/or ongoing concerns** | | | | | | | | | | | |
| **If you work for a care provider inform your line manager/supervisor about this incident as soon as possible.** | | | | | | | | | | | |
| Description of incident or concern  (*Include - The nature, degree and extent of the abuse or neglect (what happened); The length of time it has been occurring (previous incidents, what happened and date);The impact on the individual and / or their carers / family (injury, distress); Location and time of any incident)*  Click here to enter text. | | | | | | | | | | | |
| Please indicate category of abuse:   |  |  |  |  | | --- | --- | --- | --- | | Physical abuse | Choose an item. | Modern slavery | Choose an item. | | Domestic violence | Choose an item. | Discriminatory abuse | Choose an item. | | Sexual abuse | Choose an item. | Organisational abuse | Choose an item. | | Psychological abuse. | Choose an item. | Neglect and acts of omission | Choose an item. | | Financial or material abuse | Choose an item. | Self-neglect | Choose an item. | | | | | | | | | | | | |
| Does the adult at risk continue to be at risk of abuse? Choose an item.  If Yes, describe the risks that remain and any immediate action needed:  Click here to enter text. | | | | | | | | | | | |
| Are there any other people who may be at risk of abuse? Choose an item.  If yes, add details and describe the risks that remain and action you are taking:  Click here to enter text. | | | | | | | | | | | |
| **Making Safeguarding Personal** | | | | | | | | | | | |
| Was the adult at risk asked what their desired outcomes were?? Choose an item.  If yes, add details of outcomes does the adult at risk wants to achieve:  Click here to enter text. | | | | | | | | | | | |
| **Details of alleged abuser/suspect** | | | | | | | | | | | |
| Name | Click here to enter text. | | | | | | Title | | | Click here to enter text. | |
| Address | Click here to enter text. | | | | | | | | | | |
| Post Code | Click here to enter text. | | | | | | Phone | | | Click here to enter text. | |
| Relationship to the Adult at Risk? | | | Click here to enter text. | | | | | | | | |
| If provider, please add the provider’s name | | | Click here to enter text. | | | | | | | | |
| Are they aware this referral has been made? | | | | | Choose an item. | | | | | | |
| Reason as to why the alleged abuser/suspect was not made aware of the referral | | | | | Click here to enter text. | | | | | | |
| Does the alleged abuser lives with the Adult at Risk? | | | | | Choose an item. | | | | | | |
| **Details of person making this referral** | | | | | | | | | | | |
| Name | | Click here to enter text. | | | | Title | | | Click here to enter text. | | |
| Job Role (if applicable) | | Click here to enter text. | | | | Email | | | Click here to enter text. | | |
| Establishment | | Click here to enter text. | | | | | | | | | |
| Phone | | Click here to enter text. | | | | Date/time referral completed | | Click here to enter text. | | | |
| Relationship to Adult at risk? | | | | Click here to enter text. | | | | | | | |
| Does the referrer consent to their details being shared with third parties?  Click here to enter text. | | | | | | | | | | | Choose an item. |
| **Additional Information** | | | | | | | | | | | |
| Is there any other information you believe we need to know about the referral?  Click here to enter text. | | | | | | | | | | | |

*You will be contacted about your concern. However, depending on your involvement with the Adult at Risk we may not be able to provide you with detailed feedback about this case due to reasons of confidentiality and Data Protection.*