# APPENDIX 3 – ADULT PROTECTION CONCERN FORM

**Initial report form for disclosure/concern of abuse**

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| Name of person noting concern:  | Date (reference): |
| Please circle:Volunteer Staff Member Manager Other |
| Name of adult (if known): |
| Date of birth (if known): |
| Address and telephone number (if known): **STAFF ONLY** |
| Name of other adults (if known) and children (include ages if known): |
| Any special circumstances relating to the adult (e.g. special needs, health and welfare issues): |
| What is the nature of the concern? (Please circle)Disclosure Incident Signs or Indicators Other |
| If an adult has disclosed abuse, Date­­­­­­­­­­: Name(s):Time: |
| Details of the concern. (If an adult has disclosed abuse, record as quickly as possible what the adult said. Remember that this should be as accurate as possible)  |

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| Who else was present at the time of disclosure/incident/initial concern? |
| If known, record the name(s) of the person or persons implicated in the abuse. |
| Date and time discussed with development worker (if relevant)Date­­­­­­­­­­: Name(s):Time: |
| Date and time discussed with managerDate­­­­­­­­­­: Name(s):Time: |
| Date and time referral to social work or policeDate­­­­­­­­­­: Name (of caller):Time: Name (of SS or police): |
| Date and time referral to other organisationsDate­­­­­­­­­­: Name (of caller):Time: Name of Organistaion:  Name of worker:Contact Details: |
| Advice given from social services or police |
| Advice given from referral organisations |

Concerned Person Signed Name (print):

Date

Development Worker Signed Name (print):

Date

Manager Signed Name (print):

Date

This form must be kept in a confidential file. Information given in this form must only be disclosed to relevant persons on a need to know basis.

Additional paper attached (number of pages

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]