

Knowsley Safeguarding Adults Alert Form

This form may be completed by any agency or member of the public: please send it in with as much information as is available, **it does not matter if you are unable to complete all sections.**

Double click on the grey boxes to select from drop-down lists.

1 Name of Vulnerable Adult				2 DOB	
3 Title		4 Gender		4a Ethnic Origin	
5 Is the person aware of this referral?					
6 Nature of vulnerability? <i>(Please select from list)</i>					
7 Has the person consented to this referral? If consent is not given, you must report anyway					
8 Has the vulnerable person consented to this information being shared?					
9 Address of the Vulnerable Adult					
10 Type of accommodation e.g. own home, residential/nursing/supported living etc				11 If living in a care home please state if self-funded	
12 Telephone Number					
13 Other Agencies involved					

14 Other people involved in the adults care e.g. relatives						
15 Details of Alerter – the person who alerted you to concerns about this adult			16 Further Details Name and Role			
17 Address of Alerter						
18 Telephone Number of Alerter						
19 Location of the Incident						
20 What type(s) of abuse do you think has occurred? Tick all relevant boxes	Physical	<input type="checkbox"/>	Psychological	<input type="checkbox"/>	Neglect	<input type="checkbox"/>
	Sexual	<input type="checkbox"/>	Financial	<input type="checkbox"/>		
21 Any witnesses? Please state name, role and contact details if available	Name: Role: Contact Details:					
22 Description and Date of alleged incident	Date: Description:					
IF AVAILABLE PLEASE ATTACH WRITTEN RECORD TO THIS FORM IF APPLICABLE PLEASE ATTACH A BODY MAP						
<u>Details of Alleged Perpetrator</u>						
23 Who is the Vulnerable Adult at risk from? Alleged perpetrator						
24 Do you have any details – address, DOB, approx age						

25 Do you consider the alleged perpetrator to be vulnerable? If so, why? <i>(Please select from list)</i>		26 Alleged perpetrators relationship to vulnerable adult	
Details of person completing this form	27 Name		28 Role
29 Telephone Number			
30 Organisation and Address	Organisation: Address:		
31 Signature		32 Date	

FOR OFFICE USE ONLY – To be completed by the Health and Well-being Team			
1 Date passed to the Incident Management Officer		2 Name of IMO	
3 Safeguarding Decision			4 Date
5 If information is shared without the vulnerable adult's consent, please state reason	seeking consent could compromise an investigation and may lead to the person/other persons being at risk of harm		<input type="checkbox"/>
	the enquiry is urgent, seeking consent will cause delay which may lead to significant harm		<input type="checkbox"/>
	the person has withheld consent and the non-disclosure of information may lead to significant harm		<input type="checkbox"/>
	to prevent or detect a crime		<input type="checkbox"/>
	overriding public interest or justification for sharing information		<input type="checkbox"/>
	the person lacks capacity to consent and the non-disclosure of information may lead to significant harm		<input type="checkbox"/>
6 Date passed to Safeguarding Adults Co-ordinator			

The information contained in this document is confidential and is to be used solely for the purpose of safeguarding a vulnerable adult. If you are not the intended recipient you should not copy or use any part of it or disclose its contents to any person

This Form should be completed and emailed to:

Knowsley.AccessTeam@knowsley.gov.uk

You should receive an acknowledgement within 1 hour of sending, if not please contact the Team to ensure it has been received on:

0151 443 4822/4335/3714

NOTE - If the Alert relates to a patient in the **Royal Liverpool Hospital; Broadgreen Hospital** or **Whiston Hospital** please contact:

***Whiston Hospital
0151 430 1668***

If the Alert relates to an adult in **Aintree Hospital** please contact:

***Aintree Hospital
0151 529 2862***

Should you require any advice or guidance about the Safeguarding Adults Policy & Procedures please contact the Safeguarding Adults Unit on 0151 443 3344, 3345 or 3346