

VSS Safeguarding Adults Concern Form

This form should be completed as fully as possible and if applicable signed by a manager.
 Questions required for statutory reporting are marked with a *
 On completion email the form to safeguarding@vocationalsolutions.co.uk
 Alternatively, call **0161 478 4040** and ask to speak to the Safeguarding Lead prior to sending.

*Date Concern Received:		Time of Concern:	
1. Details of person raising the safeguarding concern (may remain anonymous)			
Name:			
Contact Number:			
Name of organisation (if applicable):			
Position of the person raising the safeguarding concern, if employed by VSS (tick ONE)			
Senior Manager	<input type="checkbox"/>	Middle Manager	<input type="checkbox"/>
Assessor (Apprenticeship Delivery)	<input type="checkbox"/>	Tutor (Classroom Delivery)	<input type="checkbox"/>
Other Staff Member	<input type="checkbox"/>	Freelance Associate	<input type="checkbox"/>
If the person raising the safeguarding concern does not work for an VSS (tick ONE)			
Family Member	<input type="checkbox"/>	Self-Referral	<input type="checkbox"/>
Friend/Neighbour	<input type="checkbox"/>	Employer	<input type="checkbox"/>
Other (Please State):			
2. Details of Adult at Risk			
First Name:			
Surname:			
Date of Birth:			
ULN Number (if applicable):			
Address (including post code):			
Contact Number:			
Next of Kin or Carers Details (Include relationship to Adult at Risk)			
GP Name and Practice			
Is an Interpreter required?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
If Yes, please state what language (Inc. Signing)			

3. Data for Statutory Reporting <i>(must be completed)</i>						
*Ethnic Origin:			*Gender:		Male	Female
*Primary Support Needs <i>(tick ONE option)</i>						
Physical Support			Mental Health Support			
Sensory Support			Social Support			
Support with Memory & Cognition			No Support Reason			
Learning Disability Support			Not Known			
*Diagnosed Health Conditions <i>(tick ALL that apply)</i>						
Long Term - Physical	COPD		Long Term - Neurological	Stroke		
	Cancer			Parkinson's		
	Acquired Physical Injury			Motor Neurone Disease		
	HIV / AIDs			Acquired Brain Injury		
	Other			Other		
Sensory Impairment	Visually impaired		Learning, Developmental or Intellectual Disability	Learning Disability		
	Hearing impaired			Autism		
	Other			Asperger's Syndrome / Higher Functioning Autism		
Mental Health	Dementia			Other		
	Other					
No relevant long-term health conditions						
4. Current Support						
Is the Adult at Risk known to Social Care?					Yes	No
Known to VSS <i>Details of case allocation:</i>			Known to another Organisation <i>State name:</i>			
Is the Adult at Risk known to Health?					Yes	No
<i>If Yes (please give details)</i>						
5. Details of the alleged abuse or neglect experience or at risk of experiencing						
Brief details <i>(please also complete the attached body map if injuries sustained to the Adult at Risk if applicable)</i> Please state the date and time the incident occurred						

Please state any action that has already been taken

Has there been any recent incidents/alerts reported in relation to this Adult at Risk?	Yes		No	
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If yes *(please give details)*

Has consent been given for the safeguarding intervention?	Yes		No	
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If no *(please explain why not)*

Is anyone else at risk or potentially at risk, including children?	Yes		No	
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If yes *(please give details)*

6. Details of Person alleged to have caused abuse or neglect

Not known		If there is more than person, please state how many	
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Name:

Contact Details:

Address (including post code):

Is the person alleged to have caused harm a Vulnerable Adult?	Yes		No	
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If yes *(state actions taken to support them)*

7. Person completing this form

Name:

Job Title:

Team / Organisation:

Contact Details:

Signature:		Date:	
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8. To be completed by Safeguarding Lead (SL)

***Section 42 Safeguarding Enquiries Criteria**

1	Does the adult have care and support needs? (<i>whether or not the authority is meeting any of those needs</i>)	Yes		No	
2	Is the adult experiencing, or is at risk of, abuse or neglect?	Yes		No	
3	As the result of those needs is the adult unable to protect himself or herself against the abuse or neglect or the risk of it?	Yes		No	

If YES to ALL 3 questions - Section 42 criteria met proceed to Safeguarding Enquiry

*If No to any of the Section 42 criteria: (tick 1 option)	Proceed to Safeguarding Enquiry Did not meet Section 42 criteria but the Safeguarding Lead considers it necessary and proportionate to proceed to a safeguarding enquiry.	
	No Further Action as Safeguarding Alert, but other actions required Safeguarding Lead has authority to make this decision and reasons for making this decision should be clearly outlined	
	No Further Action as Safeguarding Alert and no other action to be taken Safeguarding Lead has authority to make this decision and reasons for making this decision should be clearly outlined)	

Rational for Decision and Actions taken:

9. Risk Assessment

Are there are any imminent risks identified to the Adult at Risk or others	What action needs to be taken to manage these risks	By Who and When

10. Completion Details

Name: _____

Signature: _____	Date: _____
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