

Menopause and Cancer Community Interest Company

Safeguarding Adults at Risk

Reporting Form

Use this form to record a concern that you have about an adult at risk at Menopause and Cancer Community Interest Company.

Remember, if it is an emergency and the person is in immediate danger, phone the police on 999.

Otherwise, once completed, please pass this form to Dani Binnington, designated Safeguarding Officer. See the Menopause and Cancer Community Interest Company Safeguarding Policy for details.

IMPORTANT: Please write clearly and only write facts of what you heard or saw, even if the language used was unpleasant. If you do need to clarify anything, please state clearly that

Date of incident	
Time of incident	
Location of incident	
Section A: DETAILS OF ADULT AT RISK	
Name	
Date of Birth	
Disability If yes, please detail:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do they have care and support needs? If yes, please detail:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Preferred language	
Address	
Telephone number	
Do they have a carer Y/N If yes, the carer's name?	
Address of carer, if different from above	
Section B: HOW YOU BECAME AWARE OF THE ALLEGED ABUSE OR NEGLECT (tick as appropriate)	
I witnessed an incident directly	<input type="checkbox"/>

I have concerns based on potential indicators of abuse or neglect	<input type="checkbox"/>
The adult told me directly about abuse or neglect they are experiencing	<input type="checkbox"/>
Someone else told me about potential abuse or neglect of an adult.	<input type="checkbox"/> Their name is: Their relationship to the adult is: Their contact details are:

Section C: FULL DETAILS OF THE ALLEGED ABUSE OR NEGLECT

DETAILS

Please give full details of the incident/concern/allegation of abuse or neglect

What exactly did you see/hear/ witness? IMPORTANT: Please write clearly and only write facts of what you heard or saw. Use exact words, even if the language you heard was unpleasant. If you do need to clarify anything, please state clearly that is it your opinion or assumption.	
--	--

Where (exact location/venue)	
------------------------------	--

When the incident is alleged to have taken place (date and time)	
--	--

YOUR OBSERVATIONS

Please include your observations here:

A description/ location of any visible injuries	
---	--

A description of the adult's behaviour, their physical or emotional state	
<p>ADULT AT RISK REPORTING THE ABUSE OR NEGLECT Only complete this section if the adult at risk reported the incident to you. Record exactly what the adult has said happened using their exact words, even if this is unpleasant language, and anything you said to the adult. Remember you should not investigate, but simply record here.</p>	
<p>SECTION D: ALLEGED ABUSER</p>	
<p>Do you have any details about the alleged abuser Y / N</p>	
Name:	
Address:	
Tel number:	
Their relationship (if any) to the adult at risk:	
<p>Is the alleged abuser a member of staff/ volunteer/trustee or working with the charity in any way?</p>	<p><input type="checkbox"/> YES</p> <p>If so, Their role</p> <p>IMMEDIATELY REPORT THIS TO THE DESIGNATED SAFEGUARDING OFFICER</p>
<p>SECTION E: REPORTING THE INCIDENT INTERNALLY</p>	
<p>Are carer's / family members aware of the concerns / allegations?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>If yes, how did they become aware?</p>	
<p>Is the alleged abuser aware of the concerns / allegations?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

If yes, how did they become aware?	
Who did you report this to in the organisation	
Date and time reported	
Has the adult consented to you reporting this to the Designated Safeguarding Officer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Signed by person making this report	
PRINT YOUR NAME	
Your Role in organisation	

THANK YOU FOR COMPLETING THIS FORM.

PLEASE NOW PASS THIS FORM TO THE DESIGNATED SAFEGUARDING OFFICER OR SAFEGUARDING TRUSTEE.

Please remember your responsibility for data protection. Do not leave this information in an insecure location or discuss with anyone else.

THE REST OF THIS FORM SHOULD BE COMPLETED BY DESIGNATED SAFEGUARDING OFFICER / SAFEGUARDING TRUSTEE

SECTION F: REPORTING EXTERNALLY	
Have you reported this to the Adult Social Care Team?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Who did you speak to	
Date and time reported	
Case referene number (if any)	
Advice given by Social Care team	

Have the police been informed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, who did you speak to?	
Any case reference number?	
What action are the police taking, if any?	
Detail any other partner organisations you have shared this information with, and reasons? Please include name and contact details.	
SECTION G: ADULT AT RISK'S CONSENT AND WISHES	
Is the adult at risk aware that you are reporting the concern to Social Care, Police or other agencies?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have they consented to this?	
Please complete here any further information in respect of their wishes	
Any further action you will take	

THANK YOU FOR COMPLETING THIS FORM.