

Part A

NOTIFICATION OF ALERT (STRICTLY CONFIDENTIAL)

To be completed following an Alert considered under the Safeguarding Adults Procedures. To be completed and forwarded to the Safeguarding Adults Team within 24 hours of the Alert being made.

Part A completed by: _____

Job Title: _____

Agency: _____

Workplace address: _____

Contact no: _____ Date: _____

Is the concern about more than one named person? Yes No

If more than one named person, there should be a separate Part A completed for each

Is the concern about a group of unnamed adults, eg: residents/service users? Yes No

Is the concern of a general nature, not relating to a specific incident of abuse? Yes No

If the answer to either of the 2 questions above is 'yes' please complete the relevant sections of the Form, as appropriate.

1. DETAILS OF ALLEGED VICTIM/ADULT AT RISK

Name of alleged victim/adult at risk: _____

Please tick here if the name of alleged victim/adult at risk is not known

Please tick here if the concern is regarding a group of unnamed adults/service users

Address of alleged victims/adult/s at risk: _____

Postcode: _____

Gender: Male Female Not known

Age: 18-30 31-50 51-65 66-75 76-89 90+

Does the alleged victim/adult at risk have capacity to consent to this Notification? Yes No Not known

Is the alleged victim/adult at risk aware of this Notification? Yes No Not known

*If the alleged victim/adult at risk does not have mental capacity there will be a need to consider the criteria for using an Independent Mental Capacity Advocate (IMCA), if appropriate.

Has a Safeguarding Adults Notification been made about this adult before? Yes No Not known

If the answer is yes to the above question please provide details/dates of previous Notifications

Has a Safeguarding Adults Notification been made about this service/provider before? Yes No Not known

If the answer is yes to the above question please provide details/dates of previous Notifications

Ethnic Origin of Alleged Victim/Adult at Risk:

White British <input type="checkbox"/>	Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Mixed White and Black African <input type="checkbox"/>
White Irish <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Mixed White and Asian <input type="checkbox"/>
Other White <input type="checkbox"/>	Other Black <input type="checkbox"/>	Other Asian <input type="checkbox"/>	Mixed White and Chinese <input type="checkbox"/>
Chinese <input type="checkbox"/>	Indian <input type="checkbox"/>	Mixed White and Black Caribbean <input type="checkbox"/>	Other Mixed Background <input type="checkbox"/>
Other Ethnic Group <input type="checkbox"/>	Information Unknown <input type="checkbox"/>	Information Withheld <input type="checkbox"/>	

Nature of Alleged Victim/Adult at Risk's Vulnerability:

Learning Disability <input type="checkbox"/>	Sensory Impairment – hearing loss <input type="checkbox"/>	Substance Misuse <input type="checkbox"/>
Physical Disability <input type="checkbox"/>	Sensory Impairment – visual loss <input type="checkbox"/>	Mental Health Needs <input type="checkbox"/>
Older Person <input type="checkbox"/>	Sensory Impairment – dual loss <input type="checkbox"/>	Dementia <input type="checkbox"/>
Other (please specify) <input type="checkbox"/>	_____	

Care Funded by (if alleged victim/adult at risk is a service user):

Adult Services Sunderland Teaching Primary Care Trust Self-funded
Other (please specify) _____

2 DETAILS OF ALLEGED PERPETRATOR(S)

This section to be filled in where appropriate.

If not appropriate indicate here and go to Section 3 Not Appropriate

*Name of alleged perpetrator _____ Name not known

Current Address: _____

_____ Postcode: _____ Not known

Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Not known <input type="checkbox"/>			
Age:	18-30 <input type="checkbox"/>	31-50 <input type="checkbox"/>	51-65 <input type="checkbox"/>	66-75 <input type="checkbox"/>	76-89 <input type="checkbox"/>	90+ <input type="checkbox"/>
Is the alleged perpetrator a vulnerable adult?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
If the answer to the above question is yes, please tick the nature of the vulnerability, if known:						
Learning Disability <input type="checkbox"/>	Sensory Impairment – hearing loss <input type="checkbox"/>	Substance Misuse <input type="checkbox"/>				
Physical Disability <input type="checkbox"/>	Sensory Impairment – visual loss <input type="checkbox"/>	Mental Health Needs <input type="checkbox"/>				
Older Person <input type="checkbox"/>	Sensory Impairment – dual loss <input type="checkbox"/>	Dementia <input type="checkbox"/>				
Other (please specify) <input type="checkbox"/> _____						
If the alleged perpetrator is a vulnerable adult do they have mental capacity?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
If the alleged perpetrator does not have mental capacity there will be a need to consider the criteria for using an Independent Mental Capacity Advocate (IMCA), if appropriate.						
Care funded by (if the alleged perpetrator is a service user):						
Adult Services <input type="checkbox"/>	Sunderland Teaching Primary Care Trust <input type="checkbox"/>	Self-funded <input type="checkbox"/>				
Other (please specify) <input type="checkbox"/> _____						
Has a Safeguarding Adults Notification been made about this adult before?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
If the answer is yes to the above question please provide details/dates of previous notifications						

Are others at risk?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
Are there any Safeguarding Children issues?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
If the answer is yes to the above question are Safeguarding Children aware?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
Ethnic Origin of Alleged Perpetrator:						
White British <input type="checkbox"/>	Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Mixed White and Black African <input type="checkbox"/>			
White Irish <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Mixed White and Asian <input type="checkbox"/>			
Other White <input type="checkbox"/>	Other Black <input type="checkbox"/>	Other Asian <input type="checkbox"/>	Mixed White and Chinese <input type="checkbox"/>			
Chinese <input type="checkbox"/>	Indian <input type="checkbox"/>	Mixed White and Black Caribbean <input type="checkbox"/>	Other Mixed Background <input type="checkbox"/>			
Other Ethnic Group <input type="checkbox"/>	Information Unknown <input type="checkbox"/>	Information Withheld <input type="checkbox"/>				
Other (Please Specify) <input type="checkbox"/> _____						

Relationship of Alleged Perpetrator to Alleged Victim:

Spouse or partner	<input type="checkbox"/>	Son or daughter in-law	<input type="checkbox"/>	Other service user	<input type="checkbox"/>
Ex-spouse or ex-partner	<input type="checkbox"/>	Other relative	<input type="checkbox"/>	Volunteer/Befriender	
Main family carer (informal)	<input type="checkbox"/>	Friend or acquaintance	<input type="checkbox"/>	Paid worker or paid carer	<input type="checkbox"/>
Adult son or daughter	<input type="checkbox"/>	Neighbour	<input type="checkbox"/>	Other professional – Nurse, GP, District Nurse, Care Manager etc.	<input type="checkbox"/>
Child (under 18)	<input type="checkbox"/>	Stranger	<input type="checkbox"/>	Institution (including health setting and residential or nursing care and domiciliary care agency)	<input type="checkbox"/>

Is the alleged perpetrator currently living with the alleged victim? Yes No Sometimes Not known

If the alleged perpetrator is currently caring for others as employer, employee or volunteer, please state:

Alleged perpetrator's job title/role: _____

Alleged perpetrator's employer: _____

Alleged perpetrator's regulatory body, if appropriate e.g. CSCI, Healthcare Commission: _____

***Please note:** If more than one alleged perpetrator you must fill this section in for each one.

3 THE ABUSE

Type of Abuse Suspected or Risk of Abuse

Physical Abuse	<input type="checkbox"/>	Sexual Abuse	<input type="checkbox"/>	Institutional Abuse	<input type="checkbox"/>	Discriminatory Abuse	<input type="checkbox"/>
Psychological Abuse	<input type="checkbox"/>	Financial/ Material Abuse	<input type="checkbox"/>	Neglect	<input type="checkbox"/>	Multiple – please also record the types of abuse against the relevant category	<input type="checkbox"/>

If there has not been a specific incident of abuse, please provide details of why/how the person may be at risk of the above abuse indicated:

Location of Suspected Abuse/Where the adult may be at risk:

Alleged victim's/adult at risk's own home (owner/occupier) <input type="checkbox"/>	Alleged victim's/adult at risk's relatives home <input type="checkbox"/>	College or adult education or work place <input type="checkbox"/>
Alleged victim's/adult at risk's parents home <input type="checkbox"/>	Alleged perpetrator's own home <input type="checkbox"/>	Day centre or service <input type="checkbox"/>
Residential care home (mental health, learning disabilities, physical disabilities or older persons) <input type="checkbox"/>	Nursing care home <input type="checkbox"/>	Short break service <input type="checkbox"/>
Extra care sheltered scheme <input type="checkbox"/>	Sheltered accommodation <input type="checkbox"/>	Acute hospital <input type="checkbox"/>
Specialist or community hospital <input type="checkbox"/>	Adult placement scheme <input type="checkbox"/>	General hospital <input type="checkbox"/>
Supported accommodation <input type="checkbox"/>	Independent healthcare <input type="checkbox"/>	Community group <input type="checkbox"/>
Public place/public transport <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>	_____

Name/address of location: _____

If sheltered or supported accommodation, is property regulated by Supporting People? Yes No

4 NOTIFICATION DETAILS

Source of the Alert (who/where concern was raised):

(Please tick as many as apply)

Alleged victim /adult at risk <input type="checkbox"/>	Alleged perpetrator <input type="checkbox"/>	Main family carer <input type="checkbox"/>	Other family member including relatives and in-laws <input type="checkbox"/>
Main family carer <input type="checkbox"/>	Friend <input type="checkbox"/>	Member of the public <input type="checkbox"/>	Other service user <input type="checkbox"/>
Voluntary agency <input type="checkbox"/>	Police <input type="checkbox"/>	Formal advocate <input type="checkbox"/>	GP <input type="checkbox"/>
Volunteer <input type="checkbox"/>	Adult Services <input type="checkbox"/>	Independent service provider <input type="checkbox"/>	CSCI <input type="checkbox"/>
Independent healthcare provider (Non-NHS) <input type="checkbox"/>	Specialist or community hospital <input type="checkbox"/>	General Hospital <input type="checkbox"/>	Acute hospital including A & E <input type="checkbox"/>
Counselling or therapy <input type="checkbox"/>	Complaints <input type="checkbox"/>	Other STPCT <input type="checkbox"/>	Prison or probation <input type="checkbox"/>
Neighbour <input type="checkbox"/>	Anonymous <input type="checkbox"/>	Paid worker: <input type="checkbox"/>	24-Hour Safeguarding Adults Helpline <input type="checkbox"/>

Other (Please Specify) _____

Basis of Alert:

Disclosure Observation e.g. signs and symptoms/change in behaviour
 Witness of incident Other (Please specify) _____

5 DECISION

This section must be agreed by the Safeguarding Manager who will confirm the decision to be taken by signing and dating at the bottom of the Form

Name of Safeguarding Manager: _____

Position in Agency: _____

Telephone: _____

Email: _____

Decision

1. To convene a Safeguarding Adults Strategy Discussion Meeting or;	Basis for decision:
2. *Not to convene a Safeguarding Adults Strategy Discussion Meeting	Basis for decision:
	Please identify any other action(s) taken, if appropriate

*** Please attach any additional information as evidence to support decision taken and/or to provide evidence of any other action(s) taken**

Signature of Safeguarding Manager: _____

Date Part A Completed: _____

**Please complete and return Part A of the Form, immediately upon completion to:
 The Safeguarding Adults Co-ordinator
 Safeguarding Adults Team
 Leechmere Training Centre
 Carrmere Road
 Sunderland
 SR2 9TQ**

Please remember to attach any additional information to be sent in with the Part A, as necessary. Additional Information Attached: Yes No