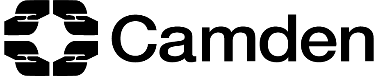
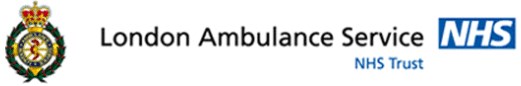
**Camden Safeguarding Adults Partnership Board**

**Multi-agency Safeguarding Adults Referral Form**

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| **THIS FORM IS NOT TO BE USED BY MEMBERS OF THE PUBLIC.**  **MEMBERS OF THE PUBLIC SHOULD PHONE 020 7974 4000**  **AND THEN PRESS OPTION 1.**    **Use this form to refer any incident or suspicion of harm.**      **If outside normal office hours or at the weekend or on a Bank Holiday, please contact**  **OUT OF HOURS EMERGENCY DUTY TEAM on 020 7974 4444.**    **Where a criminal act may have been committed, the police must be  notified immediately on 101 (non-urgent) or 999 (urgent).** |





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| **Section 1: DETAILS OF ADULT AT RISK** | | | | |
| **NAME** |  | **DOB** | |  |
| **AGE**  *(if DOB is unknown)* |  | **GENDER** | |  |
| **ADDRESS** |  | **TEL NO** | |  |
| **DETAILS OF NEXT OF KIN/OTHER CONTACT** |  | | | |
| **HAS THE ADULT AT RISK**  **PROVIDED CONSENT FOR THIS**  **CONCERN TO BE RAISED?** | **Yes**  **No** | | *If no, please state reason(s).* | |
| **DO YOU THINK THE ADULT AT**  **RISK HAS MENTAL CAPACITY**  **IN RELATION TO MAKING**  **DECISIONS ABOUT THEIR**  **SAFETY?** | **Yes**  **No** | | *Please provide further details if available.* | |
| *Is there a suitable person who could represent them? (e.g. family member, friend, advocate)*  **Yes**  **No**  *If yes, please provide details*. | | *Has a mental capacity assessment been undertaken?*  **Yes**  **No**  *Please provide details*. | |
| **DO YOU THINK THE ADULT AT**  **RISK WOULD HAVE**  **SUBSTANTIAL DIFFICULTY IN**  **PARTICIPATING IN THE**  **SAFEGUARDING ENQUIRY**  **PROCESS?** | **Yes**  **No** | | *If yes, please provide details*. | |
| **HAS THE ADULT AT RISK’S**  **FAMILY BEEN INFORMED OF**  **THE CONCERNS (WHERE THE**  **ADULT HAS CONSENTED TO**  **THIS)?** | **Yes**  **No** | | *Please provide details*. | |

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| **SERVICE USER GROUP** | | |  |  | Service User Sub-group |  |
| **ETHNICITY** | | |  |  | | |
| **FIRST LANGUAGE** | | |  | *Detail communication needs.* | | |
| **NHS NUMBER**  ***(If known)*** | | |  |  | | |
| **Section 2: CONCERN** | | |  | | | |
| **BRIEF FACTUAL OUTLINE OF CONCERN** | | |  |  | | |
| **DATE OF CONCERN** | | |  |  | | |
| **LOCATION OF INCIDENT** | | |  |  | | |
| **TYPE(S) OF ABUSE – PLEASE SPECIFY** | | |  |  | | |
| **ARE THERE ANY CHILDREN INVOLVED?** | | |  | **Yes**  **No**  ***If yes, please refer to Children’s MASH by email***  **LBCMASHAdmin@camden.gov.uk.cjsm.net or telephone 020 7974 3317** | | |
| **TYPE OF INCIDENT** | | |  |  | | |
|  | |  | | --- | | *If self-neglect, please skip to* | | |  |  | | |
|  | *Section 4* |
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| **Section 3: PERSON/ORGANISATION ALLEGED TO HAVE CAUSED HARM (PACH)** | | | | | | | | | | |
| **NAME** |  | | **DOB** |  | | **AGE**  *(if DOB is*  *unknown)* |  | | **GENDER** |  |
| **ADDRESS** |  | | | | | | | | | |
| **TELEPHONE NO** |  | | | | | | | | | |
| ***If professional/volunteer,***  ***please specify*** |  | | | | | *If other, please specify* |  | | | |
| **Was alleged PACH living with the adult at time of abuse?** | **Yes**  **No** | | | | | *Still living with adult?* | **Yes**  **No** | | | |
| **If the allegation is of organisational abuse, please name the provider:** |  | | | | | | | | | |
| **PLEASE GIVE DETAILS OF**  **IMMEDIATE ACTION**  **TAKEN TO TRY AND REDUCE RISKS:** |  | | | | | | | | | |
| **SECTION 4: ORGANISATIONS** **INVOLVED** | | | | | | | | | | |
| *NAME* | | *JOB TITLE* | | | *ORGANISATION*  *(SOCIAL SERVICES,*  *CQC, POLICE, GP)* | | | *CONTACT DETAILS PHONE NUMBER*  *EMAIL ADDRESS* | | |
|  | |  | | |  | | |  | | |
| HAVE THE POLICE BEEN NOTIFIED? | | **Yes**  **No** | | | CRIME REFERENCE NO | | |  | | |
| PROVIDE DETAILS IF MEDICAL ATTENTION GIVEN: | |  | | | NAME OF  HOSPITAL/DOCTOR | | |  | | |

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| **SECTION 5: REFERRER DETAILS** | |  |  |  |
| **CONCERN REPORTED BY:** | Service user |  | Friend |  |
| Relative |  | Paid carer |  |
| Social Worker |  | Stranger |  |
| GP |  | Nurse |  |
| Hospital Doctor / Staff |  | Therapist |  |
| Provider or Voluntary  Organisation  (please specify) |  |  |  |
| Other (please specify) |  |  |  |
| **SECTION 6: DESIRED OUTCOMES** | |  |  |  |
| **DESIRED OUTCOME(S) OF ADULT AT RISK** |  |  |  |  |
| **DESIRED OUTCOME(S) OF REFERRER** |  |  |  |  |

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| **DETAILS OF THE PERSON COMPLETING THIS FORM** | |  |  |
| *NAME* | *JOB TITLE* | *TELEPHONE NUMBER* | *EMAIL* |
|  |  |  |  |

***Once the Adult MASH team have received your referral form by email, you will receive confirmation that the Concern is being screened.***

***If further information is required, you may be contacted by***

***a MASH social worker.***

**Please note that this form is to be sent securely via Egress/CJSM to**

[**asc.mash.safeguarding@camden.gov.uk.cjsm.net**](mailto:asc.mash.safeguarding@camden.gov.uk.cjsm.net)

**More details on Camden's Safeguarding Policy can be found here:**[www.camden.gov.uk](https://www.camden.gov.uk/ccm/content/social-care-and-health/about-social-care/protecting-a-vulnerable-adult.en?page=1)