

## ADULT PROTECTION REFERRAL FORM (AP1)

A word copy of this form suitable for typing and printing can usually be found on the Local Authority/HSCP and NHS Adult Support and Protection web page.

### ADULT AT RISK DETAILS (please PRINT details, thank you)

NAME		DOB	
HOME ADDRESS		CURRENT WHEREABOUTS	
POSTCODE		POSTCODE	
TEL NO:		TEL NO:	
GENDER		ETHNIC ORIGIN	RELIGION
<b>COMMUNICATION NEEDS</b> (please provide details including communication aids by the adult and specify first language if not English)			
GP NAME / ADDRESS			

### REFERRER DETAILS (please PRINT details, thank you)

NAME		DESIGNATION	
AGENCY		DIRECT DIAL TEL NO:	
EMAIL ADDRESS			
RELATIONSHIP TO ADULT BEING REFERRED:			
SIGNATURE			
DATE			

IS IT SUSPECTED THAT A CRIME HAS BEEN COMMITTED AND HAVE POLICE BEEN INFORMED? (Include date, time, known action taken etc.)

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### DETAILS OF CONCERN (please PRINT details, thank you)

1) IN YOUR OPINION IS THE ADULT ABLE TO SAFEGUARD THEIR OWN WELLBEING, PROPERTY,	
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RIGHTS OR OTHER INTERESTS? (If <b>no</b> , please state reason)	
2) IN YOUR OPINION IS THE ADULT AT RISK OF HARM? (if <b>yes</b> , please state reason)	
3) IN YOUR OPINION IS THE ADULT AFFECTED BY DISABILITY, MENTAL DISORDER, ILLNESS OR PHYSICAL OR MENTAL INFIRMITY (if <b>yes</b> , please specify)	

GIVE DETAILS OF HARM (SUSPECTED / WITNESSED / DISCLOSED / REPORTED). DATES, PROTECTIVE ACTIONS TAKEN INCLUDE DETAILS OF ANY PREVIOUS CONCERNS. (please use separate sheet if required)

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HAVE YOU (OR ANY OTHER PERSON) TOLD THE ADULT THAT THIS INFORMATION WILL BE SHARED WITH SOCIAL WORK OR OTHER RELEVANT AGENCIES	YES / NO (delete as appropriate) If <b>NO</b> please state reasons
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**DETAILS OF PERSON SUSPECTED OF CAUSING HARM (If known) (please PRINT details, thank you)**

NAME		RELATIONSHIP TO ADULT:	
ADDRESS		TEL NO	

**DETAILS OF MAIN CARER / RELATIVE / POA / GAURDIAN (please PRINT details, thank you)**

NAME		RELATIONSHIP TO ADULT:	
ADDRESS		TEL NO	