**A1 -Safeguarding Adult REFERRAL form to**

**CWM TAF SAFEGUARDING ADULT BOARD**

**Cwm Taf Multi Agency Safeguarding Hub (MASH)**

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| Date alert / concern raised: |  |
| Date of incident(s) |  |
| Date received by MASH: |  |

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| **1. Details of Adult at Risk** | Client / Patient ID No: | | | | | |
| Last Name: |  | First Name: | | | |  |
| Date of Birth: |  | Age: | | | |  |
| Gender: | Male □ Female □ | | | | | |
| Address:  (Normal residence) |  | | | Postcode |  | |
| Current Location: |  | | | Postcode |  | |
| Tel Number: |  | | Ethnicity: | |  | |
| Interpreter required? | Yes □ No □ | | Preferred Language: | |  | |
| GP’s Name: |  | | GP Tel Number: | |  | |
| Surgery Address: |  | | | | | |
| Why is the person an ‘adult at risk’ at the time of the incident? |  | | | | | |
| Does the adult at risk have an illness / disability or specific needs? |  | | | | | |
| Is the adult at risk subject to any legislative powers? E.g. DoLS, Mental Health Act, Power of Attorney |  | | | | | |
| Next of Kin: |  | Relationship: | | |  | |
| Address: |  | | | | | |
| Telephone Number: |  | | | | | |
| Are there any other persons at risk living at the property? |  | | | | | |
| Please give details of any other professionals involved in their care. |  | | | | | |
| What action has been taken to safeguard the adult at risk? |  | | | | | |

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| **2. Consent / Capacity of Adult of Risk** | Please include details of any recent capacity assessments. |
| Does the adult at risk have any difficulty in communicating? (Please explain) |  |
| Is there any evidence to suggest that the adult at risk lacks mental capacity to consent to this referral? |  |
| Has the adult at risk consented to this referral? If no, please explain the reasons why. |  |
| If the adult at risk has capacity, do they consent to their information being shared with other agencies? (MASH – police, health, probation, social services) | □ Police □ Health □ Probation □ RCTCBC □ Merthyr Tydfil CBC |
| What are the views and wishes of the adult at risk? |  |
| Is there an overriding public interest reason to share this concern without consent? Please explain. |  |

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| **3. About the alleged abuse** |  |
| Type of alleged abuse: | Physical □ Sexual □ Financial □ Emotional / Psychological □ Neglect □ |
| At what address did the abuse occur? |  |
| Please specify the specific location of the abuse E.g. hospital ward number, own home in bedroom |  |
| Is the abuse | Current □ Historical □ |
| Please give a full description of alleged abuse / injuries:  (Please complete body map and forward to MASH if relevant) |  |
| Are there any further risks?  If yes, please explain. |  |

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| **4. Details of suspected perpetrator(s)** |  | | |
| Last Name: |  | First Name: |  |
| Date of Birth: |  | Age: |  |
| Address: |  | Post Code: |  |
| Telephone Number: |  | | |
| Relationship to adult at risk |  | | |
| Is the perpetrator an adult at risk? If yes, explain why |  | | |
| If the perpetrator is an adult at risk, do they have capacity to understand their actions? |  | | |
| Occupation: |  | Employer |  |
| Is alleged perpetrator aware of the referral? | Yes □ No □ | | |

Additional perpetrator □

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| **5. Details of Witness(es)** |  | | |
| Last Name: |  | First name: |  |
| Date of Birth: |  | Age: |  |
| Address: |  | Post Code: |  |
| Telephone Number: |  | | |
| Occupation: |  | | |
| Relationship to adult at risk: |  | | |
| Is witness an adult at risk? If yes, explain why. |  | | |

Additional witness □

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| **6. Who has raised the concern?** | This is the first person to whom the disclosure was first made – it may be a family member, witness, or a professional working with the adult at risk | | |
| Name: |  | | |
| Date of Birth: |  | Age: |  |
| Address: |  | Post Code: |  |
| Telephone Number: |  | | |
| Occupation: |  | Employer: |  |
| Relationship to adult at risk: |  | | |
| Does the reporter wish to remain anonymous?  If yes, explain why.  (excludes professionals) |  | | |

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| **7. Who is submitting the A1?** | Please submit A1 with any body maps and wherever possible risk assessments, capacity assessments or documents that may assist in any subsequent investigation | | |
| Name: |  | | |
| Occupation / Employer details: |  | | |
| Address: |  | Post Code: |  |
| Telephone Number: |  | | |
| Date / Time submitted |  | | |

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| **8. Additional Information** |  |
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| **Email** this form to the Multi Agency Safeguarding Hub (MASH) in Pontypridd Police Station  Cwm Taf MASH, Adult Services, Pontypridd Police Station, Berw Road, Pontypridd, CF37 2TR  Secure email address for Merthyr: [adult.protection@merthyr gov.uk](mailto:adult.protection@merthyr%20gov.uk) Tel: 01443 742942  Secure email address for RCT: [adultsatrisk@rctcbc.gcsx.gov.uk](mailto:adultsatrisk@rctcbc.gcsx.gov.uk) Tel: 01443 742940 Fax No: 01443 743769  Secure email address for Health: CTHB\_SafeguardingTeam@wales.nhs.uk (Health Staff **ONLY**)  Health Tel: 01443 742949 | |
| Emergency Duty Team Contact Details  Email: [SocialWorkEmergencyDutyTeam@rctcbc.gcsx.gov.uk](mailto:SocialWorkEmergencyDutyTeam@rctcbc.gcsx.gov.uk) **Out of hours**: 01443 743665 | |