**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 StationCwm Taf MASH, Adult Services, Pontypridd Police Station, Berw Road, Pontypridd, CF37 2TRSecure email address for Merthyr: adult.protection@merthyr gov.uk Tel: 01443 742942 Secure email address for RCT: adultsatrisk@rctcbc.gcsx.gov.uk Tel: 01443 742940 Fax No: 01443 743769Secure email address for Health: CTHB\_SafeguardingTeam@wales.nhs.uk (Health Staff **ONLY**) Health Tel: 01443 742949 |
| Emergency Duty Team Contact DetailsEmail: SocialWorkEmergencyDutyTeam@rctcbc.gcsx.gov.uk **Out of hours**: 01443 743665  |