## Harrow Multi-Agency Safeguarding Adults Alert / Referral Form

## This form should be completed for all concerns about the alleged abuse of an adult at risk. It is designed to be used in conjunction with "Protecting Adults at Risk; Pan-London Policy & Procedures"

Name of person recording the alert / referral:

Date

Person making the alert / referral: Relationship to service user / professional designation: Name: Address: Telephone Number:

Name of person about whom concern has been expressed: Address: Telephone number: Date of Birth or approx. age Ethnic origin:

Information about the person whom concern has been expressed:

Is the person about whom concern has been expressed aware of the referral?

Information about carers / significant relationships: Name: Address: Telephone number: Relationship: Contact:

Is the person already known to Harrow Social Services? Date of last contact: Date of last assessment: Services currently received:

GP:

Services	received	from	other	agencies:
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Details of concerns about alleged abuse:

What action does the alerter / referrer think should be taken?

Is there a need for urgent referral to police? Please record details of referral

If there is a need for urgent referral to medical services for examination / treatment? Please record details of referral

Are there reasons that other urgent action should be taken?

Are other people at risk?

Name of liaison person appointed by the organisation in relation to this alert / referral:

Name of Line Manager:

Please email the completed referral form to Access Harrow at <u>AHadults@harrow.gov.uk</u> or by fax on 020 8420 9674

## and to the Safeguarding Adults Team at

e-mail: safeguardingadults@harrow.gov.uk or by fax on 020 8416 8269 or

By post to: Safeguarding Adults Services, Civic Centre, 2<sup>nd</sup> Floor East Wing, Station Road, Harrow, Middlesex HA1 2UL