

# 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 webpage.

## 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	
COMMUNICATION NEEDS (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.)

--

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

1) IN YOUR OPINION IS THE ADULT ABLE TO SAFEGUARD THEIR OWN WELLBEING, PROPERTY, 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)	
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

**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	