



Adult Protection Referral

Your World Nursing - Scotland

Adult Protection Referral

Multi-agency adult support and protection/adult concern referral Form (AP1)

Adult support and protection referral		Adult concern referral	
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Complete the form as fully as possible, but don't allow a lack of information to delay a referral

Adult details

Name:		DOB:	
Home address:		Current whereabouts:	
Postcode:		Tel No:	
Mobile:		CHI/Social Work Reference No (If Known)	
Gender:		Ethnicity:	Religion:
Communication Support (please provide details including communication aids needed by the adult)			
Advocacy Support (please provide details of any advocacy support in place, referral made or any other support requested by adult)			
GP Name, Address, Tel No (if known)			
Parenting/Carer Responsibilities: (please provide details of any children or adults that the adult at risk may be responsible for)			

Referrer details

Name:		Designation:	
Agency:		Direct Dial Tel No:	
Email:			
Relationship to adult being referred:			
Date of Referral:			

Details of concern

The Adult is affected by disability, mental disorder, illness or physical or mental infirmity (if yes, please specify) YES or NO	
The Adult is unable to safeguard their own wellbeing, property, rights or other interests - YES or NO	
The Adult is at risk of harm (if yes, please state reason and type of harm) - YES or NO	
If you have answered yes to all of the above questions, please tick Adult Protection Referral. If you have been unable to answer yes to all of the above questions, please tick Adult Concern Referral.	

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Details of concern

Give details of harm (suspected/witnessed/disclosed/reported) Include details of any previous AP Referrals/Concerns if known. (please use separate sheet if required)

Date of Incident:

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 NO please state reasons

"Is it suspected that a crime has been committed and have police been informed? (Include date, time, known action taken, incident number etc.)"

Details of person reported to be causing alleged harm (if known) please print details

Name:

Address:

Tel No:

Relationship to adult:

Details of main carer / relative / poa / guardian- please print details- thank you

Name:

Address:

Tel No:

Relationship to adult:

Remember – an ASP Referral is not an emergency service – if necessary, phone 999 to access immediate assistance. When complete, save form, then attach to contact email RM@yourworld.com