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**GRAMPIAN ADULT SUPPORT AND PROTECTION REPORTING FORM**

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|  | Please return this form by **secure** email to: | To discuss, please call: |
| Aberdeen City | [AdultProtection@aberdeencityunit.gov.uk](mailto:AdultProtection@aberdeencity.gcsx.gov.uk). | 0800 731 5520 |
| Aberdeenshire | [adultprotectionnetwork@aberdeenshire.gov.uk](mailto:adultprotectionnetwork@aberdeenshire.gov.uk) | 01467 533100 |
| Moray | [accesscareteam@moray.gov.uk](mailto:accesscareteam@moray.gov.uk) | 01343 563999 |

If there is a need for immediate action to protect the adult, this should be addressed prior to completing this form.

If required, contact the appropriate emergency services - telephone 999.

If a crime is known or suspected to have been committed, this should be reported to Police Scotland – telephone 101.

If the incident involves a child, consideration should be given to contacting the appropriate child protection services.

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| **RISK** | | | | |
| Is the adult at immediate risk of harm? | Yes | ☐ | No | ☐ |
| If yes, please specify what has been done to support and protect the adult from harm prior to submitting this form |  | | | |
| Please summarise any residual risk at the time of submitting this form |  | | | |

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| **DETAILS OF PERSON COMPLETING THIS FORM** | | | |
| Your Name |  | Date |  |
| Your Job Title  /Role |  | Organisation  /Department |  |
| Contact Details |  | | |

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| **DETAILS OF ADULT AT RISK OF HARM** | | | |
| Name |  | Address |  |
| Date of Birth |  |
| If known, CHI or  CareFirst Number |  |
| Ethnicity |  | Telephone Number |  |

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| **PRIMARY USER GROUP/CLASSIFICATION** | |
| Acquired brain injury | ☐ |
| Dementia | ☐ |
| Learning disability | ☐ |
| Mental health | ☐ |
| Older People | ☐ |
| Physical Disability | ☐ |
| Substance Misuse | ☐ |
| If other, please specify: | ☐ |

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| **CAPACITY / COMMUNICATION / CONSENT** | | | | |
| Do you have concerns about the adult’s capacity? | Yes | ☐ | No | ☐ |
| If yes, please provide details |  | | | |
| Has consent to share information been given? | Yes | ☐ | No | ☐ |
| Please provide name and role if consent to share has been given by someone other than the adult at risk | Name |  | Role |  |
| If no consent to share has been obtained, please provide brief explanation |  | | | |
| Do you have concerns about the adult’s ability to communicate? | Yes | ☐ | No | ☐ |
| If yes, please provide details |  | | | |

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| **MAIN PRESENTING HARM** | |
| Financial /material | ☐ |
| Neglect | ☐ |
| Physical | ☐ |
| Psychological | ☐ |
| Self harm | ☐ |
| Sexual | ☐ |
| If other, please specify: | ☐ |

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| **DETAILS OF CONCERN** | | | | |
| Date and time of concern/incident |  | | | |
| Location of concern/incident |  | | | |
| Description of concern/incident |  | | | |
| Has Police Scotland been contacted? | Yes | ☐ | No | ☐ |
| If yes, please provide Crime Reference Number |  | | | |
| Other action and outcomes to date |  | | | |
| Additional action planned |  | | | |

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| **SIGNIFICANT RELATIONSHIPS** | | | |
| Name | Relationship | Contact Details | Age (if known) |
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| **DETAILS OF DISCUSSIONS**  **(Please detail discussions to date about the incident – including discussion with your line manager wherever possible prior to submitting this form)** | | | |
| Name | Contact Details | Role in incident/concern | Date |
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