

## 19b. SIGNIFICANT INCIDENT AND/OR ADULT PROTECTION REFERRAL FORM

This form must be completed as soon as possible after receiving information that causes concern about the welfare or protection of an adult/child. The form must be passed to the RCCC as soon as possible after completion; do not delay by attempting to obtain information to complete all sections.

Complete **Part A** of this form if the concerns relate to the general welfare of an adult/child.

Complete **Parts A and B** if the concerns relate to possible child abuse.

### PART A - where there are concerns about the general welfare of a child

#### 1. ADULTS'S DETAILS

Adult's Name:	_____
Date of Birth (if under 18):	_____
Address:	_____
Telephone Contact:	_____
Adult's Ethnicity:	_____
Adult's Preferred Language:	_____
Is an Interpreter Required?	<b>YES / NO</b> (delete as appropriate)
Is the adult affected by disability?	<b>YES / NO</b> (delete as appropriate) If yes, give details: _____ _____ _____

#### 2. DETAILS OF PERSON RECORDING CONCERNS

Name:	_____
Position/Role:	_____
Address:	_____
Telephone Contact:	_____

**DETAILS OF INCIDENT GIVING RISE TO CONCERNS**

(Record details including date, time, location, nature of concerns)

**3. DETAILS OF ANY WITNESSES**

(Record names, addresses and telephone contacts)

**4. DETAILS OF INJURIES**

(Record all injuries sustained, location of injury and action taken)

**PART B - where there are concerns about possible adult abuse.**

**5. DETAILS OF PERSON ABOUT WHOM THERE IS A CONCERN**

Name:	_____
Relationship to adult:	_____
Address:	_____
Telephone Contact:	_____



**6. DETAILS OF CONCERNS**

(Continue on a separate sheet if necessary)

**7. DETAILS OF ANY ACTION TAKEN**

**8. DETAILS OF AGENCIES CONTACTED**

(Record date, time, name of person contacted and advice received)

**9. HAVE THE ADULT'S PARENTS/GUARDIAN/CARER BEEN INFORMED? YES/NO (delete as appropriate)**

If yes, record details:



**10. ADULT'S VIEWS ON THE SITUATION (IF EXPRESSED)**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

