

Dumfries & Galloway Multi-Agency Adult Protection Referral Form - AP1 Form
FOR USE BY ALL AGENCIES & CARE PROVIDERS (EXCEPT POLICE)

Adult Concern for adults where you know or believe they are at risk of harm		Adult Protection Referral if agreed by a Manager in your service (care agencies only)	
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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:	
Tel No:		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) (Please make a separate referral for children who may be at risk of harm)			

REFERRER DETAILS

Name:		Designation:	
Agency:		Direct Dial Tel No:	
E-Mail:			
Relationship to adult being referred:			
Date of Referral:			
Has Referral already been reported to Social Work by telephone?			

DETAILS OF CONCERN

Is the Adult affected by disability, mental disorder, illness or physical or mental infirmity? **YES or NO** (if yes, please specify)

Is the Adult unable to safeguard their own wellbeing, property, rights or other interests? **YES or NO** (if yes, please specify)

Is the Adult is at risk of harm (if yes, please state reason and type of harm) - **YES or NO** (if yes, please specify)

Are there other factors which mean that this person is vulnerable or at risk? Yes or No, please outline key factors e.g. is there a pattern to the concerns; is this an accumulation of factors

Give details of harm/**concern** (suspected/witnessed/disclosed/reported) Include details of any previous AP Referrals/Concerns if known. **Please answer the questions below in as much detail as possible.**

What worries do you have that made you contact us today?

How safe is the adult?

How safe do you think they will be tonight and tomorrow if nothing changes?

How long have you been worried about this child/person?

What are you most worried about?

What have you done to help?

What do you think, given what you know about this person, could be done to help?	
Date of Incident (If different from referral date):	
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 yes please state reasons
Is it suspected that a crime has been committed and have police been informed? Please add below	
(Include date, time, known action taken, incident number etc.)	

DETAILS OF PERSON REPORTED TO BE CAUSING HARM (If known) Please PRINT details

Name:		Relationship to Adult:	
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DETAILS OF MAIN CARER / RELATIVE / POWER OF ATTORNEY / GUARDIAN (please PRINT details)

Name:		Relationship to Adult:	
Address:		Tel No:	

Social Work Access Team email contact:	AccessTeam@dumgal.gov.uk
Social Work Access Team Telephone contact:	030 33 33 3001
Social Work Out of Hours Team email contact:	socialworkoutofhours@dumgal.gov.uk
Social Work Out of Hours Telephone contact:	030 33 33 3001

Remember – An ASP Referral is not an emergency service – if necessary, phone 999 to access immediate assistance

You will receive an acknowledgement of your referral within 24 hours and feedback on the progress of your referral within 5 working days.