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| **1** | **Person experiencing/at risk of abuse details** | | |
| **1.1** | Name: | |  |
| **1.2** | Social Services ID No: | |  |
| **1.3** | Gender: | | Male Female |
| **1.4** | Home address: | |  |
| **1.5** | Postcode: | |  |
| **1.6** | Date of birth: | |  |
| **1.7** | Ethnicity: Choose an item. | | |
| **1.8** | First Language: | |  |
| **1.9** | Needs Interpreter: | | Yes  No  Details: |
| **1.10** | G.P Details: | |  |
| **1.11** | NHS: Datix Incident No: | |  |
| **1.12** | NHS: Patient CRN No: | |  |
| **1.13** | Category of need:  Physical disability  Learning disability  Mental Health Problem:  Organic  Functional | Visual Impairment/ partially sighed  Hearing Impairment/ deaf  Substance Misuse  Other care and support needs.  Choose an item. | |
| **1.14** | Allocated Social Worker / Care Coordinator/Team | | Name:  Tel number:  E-mail: |
| **1.15** | Is there information to suggest that the person lacks capacity to understand the safeguarding process? | | Yes  No  Details: |
| **1.16** | Does the person consent to the Adult Safeguarding process (POVA)? | | Yes  No  Don’t Know  Details: |
| **1.17** | Does the person consent to police involvement? | | Yes  No  Don’t know  Details: |
| **1.18** | Have the police been informed? | | Yes No  Don’t know  Details: |
| **1.19** | Next Of Kin details | | Name:  Tel number:  DOB:  Address: |
| **2** | **Abuse details** | | |
| **2.1** | Type of Abuse: | | Physical:  Sexual:  Neglect:  Emotional/Psychological:  Financial/Material: |
| **2.2** | Other factors. Is this? | | Domestic Abuse/violence:  Hate Crime:  Honour based violence:  Forced Marriage: |
| **2.3** | Description of the incident of Abuse/neglect.  What happened? | |  |
| **2.4** | When/where did it occur?  Date:  Time:  Location:  **Community**:  Own Home:  Relative’s Home:  Alleged perpetrator home  **Care home setting:**  Residential Home  Nursing Home  Supported Living:  NHS Trust Group home  **Health setting:**  NHS Hospital  Independent Hospital  Public Place:  Other:  Please specify - | | |
| **2.5** | What harm or injury did this incident cause? | |  |
| **2.6** | Body Map completed? | | Yes  No |
| **2.7** | What has been done so far to keep the person safe/protected? | |  |

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| **3** | **Alleged Perpetrator details** | |
| **3.1** | Alleged perpetrator unknown | |
| **3.2** | Name: |  |
| **3.3** | Address: |  |
| **3.4** | D.O.B: |  |
| **3.5** | Does the Alleged perpetrator have needs for care and support? | Yes:  No:  Don’t know |
| **3.6** | Relationship to Victim: |  |

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| **4** | **Witness details** | |
| **4.1** | Witness Name: |  |
| **4.2** | Address: |  |
| **4.3** | DOB: |  |
| **4.4** | Relationship to Victim. |  |

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| **5** | **Person reporting details:** | |
| **5.1** | Incident reported by: |  |
| **5.2** | Form completed by: |  |
| **5.3** | Date of completion: |  |
| **5.4** | Job title/role: |  |
| **5.5** | Agency/Company: |  |
| **5.6** | Telephone Number: |  |
| **5.7** | E-mail Address: |  |

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| **6** | **Additional Information** |
|  | Click here to enter text. |

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| **7** | **For Social Services use only: Outcome of report** | |
| **7.1** | Progressed through the Adult Safeguarding Process | Yes  No |
| **7.2** | If not progressed reason why and action taken: |  |
| **7.3** | Has Information Advice or Assistance been given? | Yes  No |
| **7.4** | Decision made by: | Name:  Job Title:  Organisation: |

Form to be sent to:

Blaenau Gwent:

Caerphilly: [povateam@caerphilly.gov.uk](mailto:povateam@caerphilly.gov.uk)

Newport: [povateam@newport.gov.uk](mailto:povateam@newport.gov.uk)

Monmouthshire: [monpovaduty@monmoutshire.gov.uk](mailto:monpovaduty@monmoutshire.gov.uk)

Torfaen:

 