

Safeguarding Adults Report Form

To be completed as fully as possible if you have concerns regarding an adult. If it is safe to do so, it is important to inform the adult about your concerns and that you have a duty to pass the information onto the safeguarding lead. The Safeguarding Lead will then look at the information and start to plan a course of action.

| Section 1 - Details of adult (you have concerns about) | |
|--|----------------|
| Name of adult | |
| Address | |
| Contact number | |
| Emergency contact if known | |
| Do we have / don't have consent to share information with (detail who / role / agencies)? | |
| Section 2 - Details of the person completing this form / Your details | |
| Name | |
| Contact phone number(s) | |
| Email address | |
| Line manager or alternative contact | |
| Your role in organisation | |
| Section 3 - Details of concern | |
| Please explain why you are concerned. Please give details about what you have seen/been told/other that makes you believe the adult is at risk of harm or is being abused or neglected (include dates/times/evidence from records/photos etc). | |
| Date and time | What happened? |
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| Section 4 - Details of the person thought to be causing harm (if known) | |
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| Name | |
| Address | |
| Date of birth or age | |
| Relationship/connection to adult | |
| Role in organisation (if applicable) | |
| Do they have contact with other adults at risk in another capacity? For example in their work/family/as a volunteer | |
| Section 5 - Have you discussed your concerns with the adult? What are their views? What have they stated about what they want to happen and what outcomes they want? | |
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| Section 5A - Reasons for not discussing with the adult | |
| Discussion would put the adult or others at risk. Please explain: | |
| | |
| Adult appears to lack mental capacity. Please explain: | |
| | |
| Adult unable to communicate their views. Please explain: | |
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| Section 6 - Risk to others | |
| Are any other adults at risk? Yes/No/Not known - circle as appropriate | |
| If yes, please fill in another form answering questions 1-6. | |
| Are any children at risk? Yes/No/Not known - circle as appropriate | |
| If yes, please follow our Safeguarding Children Policy. | |
| Section 7 - What action have you taken if any /agreed with the adult to reduce the risks? | |
| Actions by Safeguarding Lead / Safeguarding Management Group, for example person causing harm suspended, activity organisation changed. | |
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| Section 8: Other agencies contacted | Who contacted/reference number/contact details/advice gained/action being taken |
| Police | |
| Ambulance | |
| Other - please state who and why: | |
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| Dates and times | Consultation with Safeguarding Lead |
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| | |
| Date and time completed form copied to Safeguarding Lead: | |
| Signed: | |
| | |
| Date: | |
| | |

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| OFFICE USE ONLY |
| Section 9 - Sharing the concerns (To be completed by Safeguarding Lead) |
| Details of your contact with the adult at risk of harm. Have they consented to information being shared outside of UK Coaching? |
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| Details of contact with the Local Authority Safeguarding Team/MASH where the adult at risk of harm lives - advice can be still sought without giving personal details if you do not have consent for a referral. |
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| Details of any other agencies contacted: |
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| Details of the outcome of this concern: |
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