

## Appendix 1

<p><b>Safeguarding Alert Form</b>  <b>Reference: UJCSG1</b></p> <p><b>This form is to be used to notify record disclosure/concern in relation to any safeguarding issue. Once completed it is to be forwarded to the Designated Person in charge of Safeguarding.</b></p>
---

<p>Person completing the form:</p> <p>Region Name:</p> <p>Phone contact details:</p> <p>Email address:</p>
--

<b>Details of incident/suspected or actual abuse:</b>	
Date of alleged incident/harm:	Area where incident/harm took place:
Time of alleged incident/harm:	Who reported the alert:
	Date:

<b>Who was involved:</b>	
Details of Alleged Victim Name:	Name and address of GP:
Address:	Ethnic Origin:
Date of Birth:	Nature of alleged victims' vulnerability:
Phone :	Any other details (e.g. communication needs):

Details of Alleged Perpetrator Name :	Ethnic Origin:
Address:	Relationship to victim:
	Are they a vulnerable adult? Yes/No
Date of Birth:	Alleged perpetrators vulnerability (if applicable):
Phone Contact:	Any other details:

<p><b>If the alleged perpetrator is a staff member please provide staff details</b> (E.g. job role, employer, address of place of work)</p>																									
<p><b>Have you made the victim aware that details of the incident are being recorded and will be investigated:</b>  <span style="float: right;">Yes/No</span></p>																									
<p>If not, why not?</p>																									
<p><b>Type of Abuse</b> (Please tick one or more)</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;"><input checked="" type="checkbox"/></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>Sexual</td> <td></td> <td>Physical</td> <td></td> </tr> <tr> <td>Emotional</td> <td></td> <td>Neglect or omission</td> <td></td> </tr> <tr> <td>Psychological</td> <td></td> <td>Financial/Material</td> <td></td> </tr> <tr> <td>Discriminatory Abuse</td> <td></td> <td>Institutional</td> <td></td> </tr> <tr> <td>Other i.e. suspicious death of a service user</td> <td></td> <td></td> <td></td> </tr> </table>		<input checked="" type="checkbox"/>				Sexual		Physical		Emotional		Neglect or omission		Psychological		Financial/Material		Discriminatory Abuse		Institutional		Other i.e. suspicious death of a service user			
<input checked="" type="checkbox"/>																									
Sexual		Physical																							
Emotional		Neglect or omission																							
Psychological		Financial/Material																							
Discriminatory Abuse		Institutional																							
Other i.e. suspicious death of a service user																									
<p><b>Description of alleged incident / alleged harm, detailing all people involved including witnesses</b>                  On this page please give a detailed description of the incident (please include times) and any other comments you feel are relevant. If necessary attach further pages.</p>																									

<p><b>What action did you take immediately after the incident/allegation of harm</b> (E.g. administered first aid, asked perpetrator to leave, took victim to secure area)</p>	
<p><b>Were the Police called: Yes / No</b></p>	<p><b>Were any other emergency services called:</b> If yes, which service(s)? <b>Yes / No</b></p>
<p><b>Names and badge numbers of Police:</b></p>	<p><b>Outcome:</b> (Response time, taken to hospital etc)</p>
<p><b>Are there any other Agencies involved? Yes/No</b></p>	<p><b>Please provide details of agencies:</b></p>
<p><b>Are there any capacity issues? Yes/ No</b></p>	<p><b>Please provide details:</b></p>
<p><b>Has the victim made any previous referrals/alerts? Yes/No</b></p>	<p><b>Please provide details</b> (e.g. dates, type of abuse):</p>
<p><b>Is the victim in immediate danger of further abuse? Yes/No</b></p>	<p><b>Have any immediate actions been identified to reduce the potential for further abuse? Yes/No</b></p>
<p><b>Has an initial assessment been made to determine further potential risk to the victim? Yes/No</b></p>	<p><b>What actions have been taken to reduce the potential for further abuse?</b></p>
<p><b>Are there any risks to others? Yes/No</b> (Vulnerable adults, children)</p>	<p><b>Please provide details</b> (include who this information has been shared with – e.g. Children’s Social Care, Police):</p>
<p><b>Signed:</b></p>	<p><b>Date:</b></p> <p><b>Time:</b></p>
<p><b>This form must be sent to the Designated Named Person for Safeguarding and followed up with a phone call.</b></p>	
<p>This is a confidential document and should be stored securely. It is your responsibility to ensure that this is done.</p>	
<p><b>Decision by Designated Named Person for Safeguarding:</b></p> <p><b>Safeguarding Alert Yes / No</b></p> <p><b>If No – please give reasons for decision</b></p>	