

Appendix 1 Confidential

SAFEGUARDING ADULT DISCLOSURE/SUSPICION RECORDING PROFORMA

| | | | |
|---|-------------------|--|------------------------|
| Adult at Risk | | | |
| Surname: | | Forename: | |
| Gender: | Ethnicity: | Date of Birth: | Marital Status: |
| Home address: | | | |
| Post Code: | | | |
| Disclosure/Suspicion Date and Time: | | Location of Disclosure/Suspicion: | |
| Who Received Disclosure/Had Suspicion: | | | |
| Type of Alleged Abuse: | | Location of Alleged Abuse: | |
| Description of Alleged Abuse: | | | |
| Name: | | | |
| Signature: | | Post: | Date: |

| | | |
|-------------------------------------|---------------------------|-------------------------|
| Committee Member informed: | | |
| Name: | Post: | Date & Time: |
| Committee decision: | | |
| | No further action: | Referral on: |
| | Yes/No | Yes/No |
| Date | | |
| Action Date: | | |
| Reason for Decision: | | |
| Date Record to be Destroyed: | | |
| Chairman Signature: | Date: | Time: |

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