

SAFEGUARDING PROFORMA for RECORDING ADULT DISCLOSURE or SUSPICION

SAP1 Page 1

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 of Person completing this form:			
Signature:		Position:	Date:

SAFEGUARDING PROFORMA for RECORDING ADULT DISCLOSURE or SUSPICION

SAP1 page 2

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:		
Chair's Signature:	Date:	Time:

Information contained in this document should only be used for the purposes of implementing and monitoring Chiltern u3a's Safeguarding Adults Policy and Procedures. The information must not be copied, transmitted or in any way divulged without the permission of Chiltern u3a.