

Safeguarding Adults MULTI-AGENCY ALERT

This form is for any agency, organisation or individual to alert Birmingham City Council Adults and Communities Directorate to allegations of, or concerns about, potential abuse of an adult which should be considered under the Safeguarding Adult Procedures.

Please do not leave any boxes blank. If necessary, write 'None', 'N/K' (not known) or 'N/A' (not applicable).

IF COMPLETING BY HAND, PLEASE USE CAPITAL LETTERS

The office receiving this form must ensure that the date the form is received is stamped in the first box below and the CareFirst ID is entered in the second box below.

Stamp the date received below

CareFirst ID:

Please see back page for instructions to return this form when completed.

Section 1: Person you are concerned about

Last name:

First name:

Title: Age / Date of birth: Male:

 Female:

Address: INCLUDING POSTCODE

Telephone 1:

Tel 2 / Mobile:

Preferred language / method of communication:

Yes No

Interpreter required?

Does the person you are concerned about know you have sent this alert?

Does the person you are concerned about consent to this alert?

Do you have any concerns about the person's mental capacity?

GP/Doctor's Name:

GP/Doctor's Address: INC POSTCODE Telephone:

Section 2: Next of kin (or important person in the life of the person you are concerned about)

Last name:

First name:

Title:

Relationship to person you are concerned about:

Address: INCLUDING POSTCODE

Telephone 1:

Telephone 2 / Mobile:

Section 3: Carer (if different from person in Section 2)

Last name:

First name:

Title:

Relationship to person you are concerned about:

Address: INCLUDING POSTCODE

Telephone 1:

Telephone 2 / Mobile:

Section 4: Service user group (please tick one box only)

Asylum Seeker:

Chronic Physical Health Condition:

Frailty and/or temporary illness:

Learning Disability:

Mental Health:

Mental Health – Dementia:

Other Vulnerable Adult:

Physical Disability:

Sensory Disability – Hearing Impairment:

Sensory Disability – Visual Impairment:

Sensory Disability – Dual Sensory Loss:

Substance Misuse – Drugs:

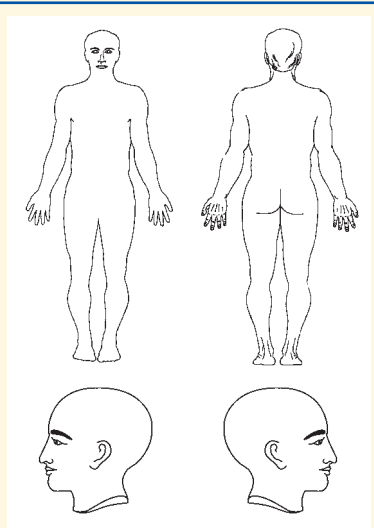
Substance Misuse – Alcohol:

Welfare Benefits Client:

Section 5: Part 1 – Details of allegations or concerns

What are the allegations or concerns?

(Please record any injuries on the body map)



How and when did you become aware of the concerns / allegations?

When did the concerns / allegations take place (dates and times)?

Where did the concerns / allegations take place (address / location)?

Section 5: Part 1 – Details of allegations or concerns *continued*

Please give names and contact details of any witnesses:

What action have you taken so far in relation to the concerns / allegations?

Where is the person you are concerned about now (if not at home)?

Please give address and postcode

Is the person you are concerned about safe at the moment? Yes: No:

If 'no', what action have you taken to protect them?

Have the emergency services been contacted? Yes: No:

If 'yes', please give details:

Section 5: Part 2 – Details of person(s) alleged to have committed the abuse

Last name:

First name:

Relationship to person you are concerned about:

Address: INCLUDING POSTCODE

Was anyone else involved? If so, please give details if known:

Last name:

First name:

Relationship to person you are concerned about:

Address: INCLUDING POSTCODE

Please use Section 8 if there are more names to record

Section 6: Agency or person making the alert

Name of Agency / organisation: IF APPLICABLE

Name of person making alert:

Address: INCLUDING POSTCODE

Telephone 1:

Telephone 2 / Mobile:

E-mail:

Fax:

Signature:

Date:

Section 7: Other agencies involved with the person you are concerned about

Name of Agency / organisation:

Name of person to contact:

Address: INCLUDING POSTCODE

Telephone 1:

Telephone 2 / Mobile:

Name of Agency / organisation:

Name of person to contact:

Address: INCLUDING POSTCODE

Telephone 1:

Telephone 2 / Mobile:

Name of Agency / organisation:

Name of person to contact:

Address: INCLUDING POSTCODE

Telephone 1:

Telephone 2 / Mobile:

Section 8: Additional information (please use this space to record any further information, including details that will not fit into the sections above)

**Data Protection Act
1998**

We will keep the personal information you give us on this form safe. Your information is protected by law. This means that:

- we only use it for the purpose we give on the form;
- we only share it with people who need to see it;
- we only keep it for as long as we have to; and
- you have the right to see the information we hold about you.

Please return the completed form to the relevant Adults and Communities office.

For contact details, visit the Birmingham Safeguarding Adults Board website at: www.bsab.org/how-to-report-abuse

Section 9: Monitoring information

You do not have to provide this information, but it helps us to monitor how effective we are in providing a service to people in Birmingham. It is not used for any other reason. Please contact us if you would like more information on equal opportunities monitoring.

Ethnicity PLEASE TICK ONE BOX ONLY

- | | | | |
|------------------------------|--------------------------|-------------------------|--------------------------|
| White UK..... | <input type="checkbox"/> | Kashmiri..... | <input type="checkbox"/> |
| Irish..... | <input type="checkbox"/> | Pakistani..... | <input type="checkbox"/> |
| White Other | <input type="checkbox"/> | Sikh..... | <input type="checkbox"/> |
| Mixed Parentage | <input type="checkbox"/> | Asian Other | <input type="checkbox"/> |
| Black African | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Black African Caribbean..... | <input type="checkbox"/> | Vietnamese | <input type="checkbox"/> |
| Black Other..... | <input type="checkbox"/> | Yemeni | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | | |
| Gujarati | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Other..... | <input type="checkbox"/> |

If 'Other', please state:

Faith / Religion PLEASE TICK ONE BOX ONLY

- | | | | |
|----------------------------|--------------------------|-----------------------------|--------------------------|
| Buddhist..... | <input type="checkbox"/> | Protestant..... | <input type="checkbox"/> |
| Church of Scientology..... | <input type="checkbox"/> | Rastafarian..... | <input type="checkbox"/> |
| Eastern Orthodox | <input type="checkbox"/> | Roman Catholic..... | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | Sikh..... | <input type="checkbox"/> |
| Jehovah's Witness | <input type="checkbox"/> | Seventh Day Adventist | <input type="checkbox"/> |
| Jewish..... | <input type="checkbox"/> | | |
| Mormon | <input type="checkbox"/> | None | <input type="checkbox"/> |
| Muslim..... | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Oneness Apostolic..... | <input type="checkbox"/> | Other..... | <input type="checkbox"/> |

If 'Other', please state:

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