

Cwm Taf Safeguarding Adult Board

VA1 -Safeguarding Adult REFERRAL form to Cwm Taf Multi Agency Safeguarding Hub (MASH)

Date alert / concern raised:	
Date of incident(s)	
Date received by MASH:	

1. Details of Adult at Risk	Client / Patient ID No:		
Last Name:		First Name:	
Date of Birth:		Age:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Address: (Normal residence)		Postcode	
Current Location:		Postcode	
Tel Number:		Ethnicity:	
Interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Preferred Language:	
GP's Name:		GP Tel Number:	
Surgery Address:			
Why is the person an 'adult at risk' at the time of the incident?			
Does the adult at risk have an illness / disability or specific needs?			
Is the adult at risk subject to any legislative powers? E.g. DoLS, Mental Health Act, Power of Attorney			
Next of Kin:		Relationship:	
Address:			
Telephone Number:			
Are there any other persons at risk living at the property?			
Please give details of any other professionals involved in their care.			
What action has been taken to safeguard the adult at risk?			

2. Consent / Capacity of Adult of Risk	Please include details of any recent capacity assessments.
Does the adult at risk have any difficulty in communicating? (Please explain)	

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Is there any evidence to suggest that the adult at risk lacks mental capacity to consent to this referral?	
Has the adult at risk consented to this referral? If no, please explain the reasons why.	
If the adult at risk has capacity, do they consent to their information being shared with other agencies? (MASH – police, health, probation, social services)	<input type="checkbox"/> Police <input type="checkbox"/> Health <input type="checkbox"/> Probation <input type="checkbox"/> RCTCBC <input type="checkbox"/> Merthyr Tydfil CBC
What are the views and wishes of the adult at risk?	
Is there an overriding public interest reason to share this concern without consent? Please explain.	

3. About the alleged abuse	
Type of alleged abuse:	Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Financial <input type="checkbox"/> Emotional / Psychological <input type="checkbox"/> Neglect <input type="checkbox"/>
At what address did the abuse occur?	
Please specify the specific location of the abuse E.g. hospital ward number, own home in bedroom	
Is the abuse	Current <input type="checkbox"/> Historical <input type="checkbox"/>
Please give a full description of alleged abuse / injuries: (Please complete body map and forward to MASH if relevant)	
Are there any further risks? If yes, please explain.	

4. Details of suspected perpetrator(s)	
Last Name:	First Name:
Date of Birth:	Age:

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Address:		Post Code:	
Telephone Number:			
Relationship to adult at risk			
Is the perpetrator an adult at risk? If yes, explain why			
If the perpetrator is an adult at risk, do they have capacity to understand their actions?			
Occupation:		Employer	
Is alleged perpetrator aware of the referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Additional perpetrator (opens up new perpetrator box)

5. Details of Witness(es)			
Last Name:		First name:	
Date of Birth:		Age:	
Address:		Post Code:	
Telephone Number:			
Occupation:			
Relationship to adult at risk:			
Is witness an adult at risk? If yes, explain why.			

Additional witness (opens up new witness box)

6. Who has raised the concern?	This is the <u>first</u> person to whom the disclosure was first made – it may be a family member, witness, or a professional working with the adult at risk		
Name:			
Date of Birth:		Age:	
Address:		Post Code:	
Telephone Number:			
Occupation:		Employer:	
Relationship to adult at risk:			
Does the reporter wish to remain anonymous? If yes, explain why. (excludes professionals)			

7. Who is submitting the VA1?	Please submit VA1 with any body maps and wherever possible risk assessments, capacity assessments or documents that may assist in any subsequent investigation		
Name:			
Occupation / Employer details:			

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Address:		Post Code:	
Telephone Number:			
Date / Time submitted			

8. Additional Information

Email this form to the Multi Agency Safeguarding Hub (MASH) in Pontypridd Police Station
Cwm Taf MASH, Adult Services, Pontypridd Police Station, Berw Road, Pontypridd, CF37 2TR

Secure email address for Merthyr: adultsatrisk@merthyr.gcsx.gov.uk Tel: 01443 742942 Fax No: 01443 743769

Secure email address for RCT: adultsatrisk@rctcbc.gcsx.gov.uk Tel: 01443 742940 Fax No: 01443 743768

Secure email address for Health: CTHB_SafeguardingTeam@wales.nhs.uk (Health Staff **ONLY**)
Health Tel: 01443 742949

Emergency Duty Team Contact Details

Email: SocialWorkEmergencyDutyTeam@rctcbc.gcsx.gov.uk

Out of hours: 01443 743665

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