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### SAFEGUARDING ADULTS REPORT FORM SAF 01

To be completed as fully as possible if you have concerns regarding an adult.

If it is safe to do so, it is important to inform the adult about your concerns and that you have a duty to pass the information onto the safeguarding lead. The Lead Safeguarding Officer will then look at the information and start to plan a course of action. If the Lead Safeguarding Officer is implicated, send the form to the CEO.

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| Section 1 – Details of adult (you have concerns about) | |
| Name of adult |  |
| Address |  |
| Date of Birth/Age |  |
| Gender M/F/Non-binary |  |
| Contact phone number |  |
| Emergency contact (if known) |  |
| Club/Organisation |  |
| Membership Number |  |
| Has consent been given to share information with emergency contact? |  |
| Section 1A – Is the adult on the Olympic/Paralympic pathway? Yes No (proceed to Section 1B) | |
| If yes, who is the Team Manager? | |
| Did the incident/abuse occur inside or outside the archery environment? Provide details | |
| Where did the incident/abuse take place? | |
| Section 1B – Where did the incident take place | |
| Did the incident occur inside or outside the archery environment? Provide details | |
| Where did the incident/abuse take place i.e. home, work | |

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| Section 2 – Details of the person completing this form (your details) | | |
| Name | |  |
| Contact phone number(s) | |  |
| Email address | |  |
| Name of organisation/club | |  |
| Alternative contact in organisation/club i.e. Chairman | |  |
| Your role in organisation/club | |  |
| Relationship/connection to the adult you are concerned about | |  |
| Section 3 – Details of concern | | |
| Please explain why you are concerned, giving details about what you have seen/been told that makes you believe the adult is at risk of harm or is being abused or neglected (include dates/times/evidence from records/photos etc.) | | |
| Date/ Time | What happened | |
|  |  | |
| Section 4 – Were there any witnesses? Yes No | | |
| Name |  | |
| Phone No | Email | |
| Address | | |
| Name |  | |
| Phone No | Email | |
| Address | | |

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| Section 5 – Details of the person thought to be causing harm (if known) | |
| Name |  |
| Address |  |
| Date of Birth/Age |  |
| Relationship/connection to adult |  |
| Relationship/connection to you |  |
| Club/organisation (if applicable) |  |
| Role in club/organisation |  |
| Do they have contact with other adults at risk in another capacity? e.g. in their work/family/as a volunteer | |
| Section 6 - Have you discussed your concerns with the adult? What are their views,  What have they stated about what they want to happen and what outcomes they want? | |
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| Section 6A – Reasons for not discussing with the adult | |
| Discussion would put the adult or others at risk. Please explain: | |
| Adult appears to lack mental capacity. Please explain: | |
| Adult unable to communicate their views. Please explain: | |
| Section 7 – Risk to others | |
| Are any other adults and/or children at risk Yes/No/Not known – delete as appropriate  If yes please fill in another form answering questions 1-6 | |
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| Section 8 – What action have you taken if any or agreed with the adult to reduce the risks? | | |
| Actions by club: e.g. person causing harm suspended, session times changed. | | |
| Section 9: Other agencies contacted | Who contacted/reference number/contact details/advice gained/action being taken | |
| Police |  | |
| Ambulance |  | |
| Social Services |  | |
| Other e.g. Club Safeguarding/Welfare Officer or Local Authority Designated Officer (LADO)  please state who and why: | | |
| Section 10: Contact with Safeguarding/Welfare Officer or others within the club/organisation | | |
| Who else has been informed of this issue? – and what was the reason for information sharing | | |
| Consultation with Lead Safeguarding Officer | | Dates and times |
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| I believe the facts and matters contained in my statements are a true and accurate record.  I have no conflict of interest e.g. I am not in a relationship or directly/indirectly related to the alleged perpetrator (Contact the Lead Safeguarding Officer for further advice on possible conflict of interest)  Signed: | | |
| Date: | | |

**This report must be kept confidential.**

**Information must only be shared with Safeguarding/Welfare Officers and others that have a need to know to ensure the person is safe**