

North View Housing Association - Vulnerable Adult and Child Protection Policy

Appendix 1

Vulnerable adult and Child Protection Report Form

Please indicate what you are reporting:

I have concerns that abuse may be occurring	
I was involved with an incident with a child/vulnerable adult	
I was witness to an incident with a child/vulnerable adult	
I have received an allegation of abuse	
A child/vulnerable adult has told me that they are being abused	

Important Information:

Your name	
Your contact details	

Name of child/vulnerable adult	
Capacity in which child/vulnerable adult is known to you:	
Date of birth:	
Home address:	
Details of parent/carer	
Carer aware of referral?	(If no please explain)
Does the child/adult have a Social Worker	(If yes please give name if known)

NATURE OF CONCERN OR INCIDENT:

Signed: Date:

Print Name:

Designation:

ACTION TAKEN:

Please indicate which of the following actions have been taken:

- Protection Record Form Kept on file – no referral made (please give reasons for decision)

- Protection Record Form passed to external agencies (please specify which agencies)

Signed:(CPO) Date: