APP2

# REGIONAL ADULT PROTECTION PROCEDURES

## ACKNOWLEDGEMENT OF APP1 REFERRAL

***To be completed by the Designated Adult Protection Officer and returned to Referrer within 2 working days***

| Name | Address<br><br>Telephone number | Date of Birth<br><br>Date of referral |
|---|---|---|

**Outcome of referral received**

1. **Adult in Need of Protection** ☐

   **Referral forwarded to:**

   Relevant operational team for allocation to a Designated Adult Protection Officer

   Telephone number

   Email address

2. **Adult at Risk of Harm - Referral passed to operational team for alternative safeguarding response** ☐

   **Referral forwarded to**:

   Name of Team Leader / Manager

   Telephone number

   Email address

3. **Inappropriate Referral** ☐

Signature of DAPO conducting initial assessment

PRINT NAME

Date