ADULT PROTECTION PROCEDURES

ADULT PROTECTION MEETING

PRIVATE AND STRICTLY CONFIDENTIAL

NOTE:
The contents of these reports are not to be reproduced, copied or divulged.

Information obtained at a case discussion is not to be discussed with or revealed to others without first obtaining written permission from the source of the information.

Any important omissions or inaccuracies in these reports should Be notified to the Chairperson within 7 days: otherwise it Will be assumed that the reports are agreed.

NAME OF PERSON(S): ***(IF APPLICABLE)*** **NAME AND POSITION OF PERSON ACCOMPANYING:**	**ADDRESS** **TEL. NO** **ADDRESS** **TEL. NO**	
RELATIONSHIP TO ADULT IN NEED OF PROTECTION		
NAMES OF INVESTIGATION STAFF		
MEETING ☐ OR TELEPHONE ☐		
DATE:	**TIME:**	**VENUE:**
PURPOSE OF THE DISCUSSION *(Include Boundaries of Confidentiality; where appropriate, Raising a Concern Policy & use of information and adult protection report in potential HR processes)*		
REPORT OF ALLEGED INCIDENT AND COMMENTS FROM THOSE PRESENT *(This should include the date and time of the incident, who was present, the nature of the incident, and actions taken at the time. If the person was not present detail when individual became aware of it, and how)*		

SPECIFIC QUESTIONS PERTAINING TO INDIVIDUAL CONTEXT
(Open ended questions should be relevant to the aspect of care / support being provided and investigated)

Actions required –

- Actions to safeguard adults; children or others:

- To forward information to identified and agreed persons.

Signature of Investigators: **Date:**

Print Name (s) **Date:**

Signature of person(s) providing information **Date:**

Date: