

Adult at Risk Referral Form (April 2016) – Confidential

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

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| **1. Details of Adult at Risk** | Client / Patient ID No: | | | | | |
| Last Name: |  | First Name: | | | |  |
| Date of Birth: |  | Age: | | | |  |
| Gender: | Male □ Female □ | | | | | |
| Address: |  | | | Postcode |  | |
| Tel Number: |  | | Ethnicity: | |  | |
| Interpreter required? | Yes □ No □ | | Preferred Language: | |  | |
| GP’s Name & Address |  | | GP Tel Number: | |  | |
| Does the adult at risk have an illness / disability or specific needs? | □ Physical Disability/Frail Elderly  □ Learning Disability  □ Functional Mental Health  □ Organic Mental Health (Dementia)  □ Visual Loss/Blind/Partially Sighted  □ Hearing Loss/Deaf  □ Substance Misuse problems | | | | | |
| 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? |  | | | | | |

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| **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) |  |
| 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. |  |
| Information in this referral will be shared with the police.  If the adult at risk has capacity, do they consent to their information being shared with other agencies? | □ Yes □ No |
| 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. |  |

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| **3. About the alleged abuse** |  |
| Type of alleged abuse: | □ Physical  □ Sexual  □ Emotional/Psychological  □ Financial  □ Neglect |
| Location of alleged abuse | □ Own Home □ Relatives Home  □ Care Home Residential □ Care Home Nursing  □ Supported Tenancy □ Perpetrators Home  □ Hospital □ Day Care  □ Public Place □ Sheltered Accommodation  □ Shared Lives Scheme □ Educational Establishment  □ Other  \*Specific location E.g. Ward/Care Home…………………..……. |
| Is the abuse | Current □ Historical □ |
| Description of alleged abuse / injuries:  (Please complete body map if relevant) |  |
| Are there any further risks?  If yes, please explain. |  |

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| **4. Details of suspected perpetrator(s)** |  | | |
| Last Name: |  | First Name: |  |
| Date of Birth: |  | Age: |  |
| 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 □ No □ | | |

Additional perpetrator □ (please open up new perpetrator box)

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| **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 □ (please open up new witness box)

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| **6. Who has raised the concern?** | This is the first 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) |  | | |

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| **7. Who is submitting the VA1?** |  | | |
| Name: |  | | |
| Occupation / Employer details: |  | | |
| Address: |  | Post Code: |  |
| Telephone Number: |  | | |
| Date / Time submitted |  | | |

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| **8. Additional Information** |  |
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| Please provide details of any injuries, marks, bruising, wounds etc.: | |
| Please use this section to identify the position of any marks, bruising, wounds etc. | |



Ffurflen Atgyfeirio Oedolyn mewn Perygl (Ebrill 2016) – Cyfrinachol

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| Dyddiad rhybudd / codi pryder: |  |
| Dyddiad y digwyddiad(au): |  |
| Dyddiad derbyn gan y Rheolwr Arweiniol Dynodedig (DLM): |  |

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| **1. Manylion yr Oedolyn sydd mewn Perygl** | Rhif adnabod y Cleient/Claf: | | | |
| Enw Olaf: |  | Enw Cyntaf: | |  |
| Dyddiad Geni: |  | Oedran: | |  |
| Rhyw: | Gwryw □ Benyw □ | | | |
| Cyfeiriad: |  | | Cod post |  |
| Rhif Ffôn: |  | Ethnigrwydd: | |  |
| Oes angen dehonglwr? | Oes □ Nac oes □ | Iaith Orau: | |  |
| Enw a Chyfeiriad y Meddyg Teulu |  | Rhif Ffôn y Meddyg Teulu: | |  |
| Oes gan yr oedolyn mewn perygl afiechyd/anabledd neu anghenion penodol? | □ Anabledd corfforol/Henoed Eiddil  □ Anabledd Dysgu  □ Iechyd Meddwl Gweithredol  □ Iechyd Meddwl Organig (Dementia)  □ Nam ar y Golwg/Dall/Golwg Rhannol  □ Nam ar y Clyw/Byddar  □ Problemau Camddefnyddio Sylweddau | | | |
| A yw'r oedolyn sydd mewn perygl yn destun unrhyw bwerau deddfwriaethol? ee. DoLS, Deddf Iechyd Meddwl, Pŵer Atwrnai |  | | | |
| Perthynas Agosaf: |  | Perthynas: | |  |
| Cyfeiriad: |  | | | |
| Rhif Ffôn: |  | | | |
| Oes yna unrhyw bersonau eraill mewn perygl yn byw yn yr eiddo? |  | | | |
| Rhowch fanylion unrhyw weithwyr proffesiynol eraill sy'n ymwneud â'i ofal. |  | | | |
| Pa gamau a gymerwyd i ddiogelu'r oedolyn sydd mewn perygl? |  | | | |

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| **2. Cydsyniad / Galluedd yr Oedolyn sydd mewn perygl** | Rhowch fanylion unrhyw asesiadau galluedd diweddar. |
| Ydy'r oedolyn sydd mewn perygl yn cael unrhyw anhawster i gyfathrebu? (eglurwch, os gwelwch yn dda) |  |
| Oes yna unrhyw dystiolaeth i awgrymu nad oes gan yr oedolyn sydd mewn perygl y galluedd meddyliol i gydsynio i'r atgyfeiriad hwn? |  |
| Ydy'r oedolyn sydd mewn perygl wedi cydsynio i'r atgyfeiriad hwn? Os naddo, eglurwch y rhesymau pam. |  |
| Bydd gwybodaeth yn yr atgyfeiriad hwn yn cael ei rannu gyda'r Heddlu.  Os oes gan yr oedolyn, sydd mewn perygl, alluedd, a yw'n cydsynio i'w wybodaeth gael ei rhannu ag asiantaethau eraill? | □ Ydy           □ Na |
| Beth yw barn a dymuniadau'r oedolyn sydd mewn perygl? |  |
| Oes yna reswm budd cyhoeddus tra phwysig dros rannu'r pryder hwn heb ei gydsyniad? Eglurwch, os gwelwch yn dda. |  |

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| **3. Ynglŷn â'r gamdriniaeth honedig** |  | |
| Math o gamdriniaeth a honnir: | □ Corfforol  □ Rhywiol  □ Emosiynol/Seicolegol  □ Ariannol  □ Esgeulustod | |
| Lleoliad y gamdriniaeth honedig: | □ Ei Gartref ei hun □ Cartref Perthynas  □ Cartref Gofal Preswyl □ Cartref Gofal Nyrsio  □ Tenantiaeth â Chymorth □ Cartref y Cyflawnwr  □ Ysbyty □ Gofal Dydd  □ Man Cyhoeddus □ Llety Gwarchod  □ Cynllun Rhannu Bywydau □ Sefydliad Addysgol  □ Arall  \*Lleoliad Penodol ee. Ward/Cartref Gofal …………………..……. | |
| Ydy'r gamdriniaeth yn | | Gyfredol □ Hanesyddol □ |
| Disgrifiad o’r gamdriniaeth honedig / anafiadau:  (Cwblhewch fap y corff, os yw'n berthnasol) | |  |
| Oes yna unrhyw beryglon pellach? Os oes, eglurwch. | |  |

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| **4. Manylion y cyflawnwr/wyr a amheuir** |  | | |
| Enw Olaf: |  | Enw Cyntaf: |  |
| Dyddiad Geni: |  | Oedran: |  |
| Cyfeiriad: |  | Cod Post: |  |
| Rhif Ffôn: |  | | |
| Ei berthynas â'r oedolyn sydd mewn perygl |  | | |
| Ydy'r cyflawnwr yn oedolyn mewn perygl? Os ydy, eglurwch pam. |  | | |
| Os ydy'r cyflawnwr yn oedolyn mewn perygl, oes ganddo'r galluedd i ddeall ei weithredoedd? |  | | |
| Galwedigaeth: |  | Cyflogwr: |  |
| Ydy'r cyflawnwr honedig yn gwybod am yr atgyfeiriad? | Ydy □ Nac ydy □ | | |

Cyflawnwr ychwanegol □ (agorwch flwch cyflawnwr newydd)

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| **5. Manylion Tyst(ion)** |  | | |
| Enw Olaf: |  | Enw Cyntaf: |  |
| Dyddiad Geni: |  | Oedran: |  |
| Cyfeiriad: |  | Cod Post: |  |
| Rhif Ffôn: |  | | |
| Galwedigaeth: |  | | |
| Ei berthynas â'r oedolyn sydd mewn perygl: |  | | |
| Ydy'r tyst yn oedolyn mewn perygl? Os ydy, eglurwch pam. |  | | |

Cyflawnwr ychwanegol □ (agorwch flwch tyst newydd)

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| **6. Pwy gododd y testun pryder?** | Dyma'r person cyntaf y gwnaed y datgeliad iddo'n wreiddiol - efallai ei fod yn aelod o'r teulu, tyst, neu weithiwr proffesiynol sy'n gweithio gyda'r oedolyn mewn perygl. | | |
| Enw: |  | | |
| Dyddiad Geni: |  | Oedran: |  |
| Cyfeiriad: |  | Cod Post: |  |
| Rhif Ffôn: |  | | |
| Galwedigaeth: |  | Cyflogwr: |  |
| Ei berthynas â'r oedolyn sydd mewn perygl: |  | | |
| Ydy'r adroddwr yn dymuno aros yn ddienw?  Os ydy, eglurwch pam.  (mae'n cau allan weithwyr proffesiynol) |  | | |

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| **7. Pwy sy'n cyflwyno'r VA1?** |  | | |
| Enw: |  | | |
| Manylion Galwedigaeth / Cyflogwr |  | | |
| Cyfeiriad: |  | Cod Post: |  |
| Rhif Ffôn: |  | | |
| Dyddiad/Amser cyflwyno |  | | |

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| **8. Gwybodaeth ychwanegol** |  |
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| Rhowch fanylion unrhyw anafiadau, marciau, cleisiau, clwyfau ac yn y blaen: | |
| Defnyddiwch yr adran hon i nodi safle unrhyw farciau, cleisiau, clwyfau ac yn y blaen. | |