**CONFIDENTIAL**

 **ALLEGATION MANAGEMENT REFERRAL FORM**

**1. Initial Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Date contact made with Allegation Management Lead (AML) |  | Time: if known |  |
| Date Referral Form sent to AML |  | Time: if known |  |
| Name of person completing form |  |
| Name of informant |  | Position of Informant |  |
| Agency of informant |  |
| Contact details of informant | Telephone No |  | E-mail address |  |
| Address |  | Secure e-mail address |  |

**2.** **Information about the allegation or concern**

|  |  |
| --- | --- |
| Date of alleged incident |  |
| Where did alleged incident take place |  |
| Who was the information about the alleged incident initially given to? |  |
| Have any other professional bodies been informed about the incident?*(I.e. the Police, Adult Care, CQC?)* |  |

1. **Information about the person against whom the allegation has been made**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Sex |  | Date of Birth |  |
| Personal address |  | Work address |  |
| Job Title/Role: |  | Length of service in current post |  |
| Employer name and address |  | What basis is person employed: Permanent/Temp/Fixed Term/ Agency/Other  |  |
| Have any allegations or concerns been made against this person previously? Yes/No |  | If yes – please provide details: |  |
| Date of last DBS: |  | Disclosure No: |  |
| Does the person have any personal caring responsibilities? Yes/No  |  | If yes, please provide details (Children/adults with care and support needs) |  |
| Does the person have access to any Young Persons under the age of 18? ( ie voluntary work) |  | If yes please provide details |  |

**4. Brief description of alleged incident/concern**

|  |
| --- |
| Brief description of alleged incident/concern |
|  |

1. **Information about the Adult with Care and Support needs at potential risk of harm.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Sex |  | Date of Birth |  |
| Address: |  | Details of family/advocate if appropriate |  |
| Does the person have care and support needs Yes/No |  |  If yes, provider details |  |
| Who funds care?Self/LA/CCG/Other Please give funding details |  |
| Does the allegation mean that they are at risk of harm from abuse or neglect and need protecting? Yes/No (If yes, please confirm that a safeguarding concern has been raised with Rochdale Adult Care) |  |
| Has there been any previous concerns raised? |  |
| Is there a named worker involved? If yes, please provide details |  |
| Is there more than 1 adult with care and support needs at risk of abuse or neglect? Yes/No  |  |

**6. Primary abuse category**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Physical | Emotional | Sexual | Neglect | Risk of Harm | Financial | Other (please specify) |
|  |  |  |  |  |  |  |

**7. Ethnicity**

|  |
| --- |
| **Ethnicity of Adult with care and support needs**  |
| **White** | **Black or Black British** |
| White British |  | Caribbean |  |
| White Irish |  | African |  |
| Any other white |  | Any other black |  |
| **Mixed** | **Asian or Asian British** |
| White and black Caribbean |  | Indian |  |
| White and black African |  | Pakistani |  |
| White and Asian |  | Bangladeshi |  |
| Any other mixed |  | Any other Asian |  |
| **Chinese** |  | **Any other ethnic group** |  |

Please send completed form to Allegation Management Lead aml@rochdale.gov.uk