JERSEY PETANQUE ASSOCIATION
Safeguarding Adults & Young People

Tell us your concern

You can report concerns by completing this form: Send by secure email to secjpa@gmail.com

You can speak to us via the single point of referral 07797 713492

If a crime has occurred & police help is needed please call 01534 612612, (or 999 in an emergency)

Please complete all information in the sections below. Failure to do so may result in the form not being able to be processed and being returned to you for completion.

Date Safeguarding Concern Raised:	

1. Who is the person at risk?

Title: Mr/Mrs/Ms/Other	First Name(s):	Surname:	Date of Birth: Age:
Address: Post Code: Tel:		URN: (if known)	
		Gender:	
		Language spoken:	
		Communication needs:	
		Ethnicity:	
		Religion:	
		Other:	

Primary Support Reason:			
Physical support needs. (exc. sensory support needs)	☐	Support with memory / cognition. (including dementia)	☐
Mental health support needs. (excluding dementia)	☐	Support for learning disability.	☐
Sensory support needs.	☐	Support for substance misuse.	☐
The individual being referred is an informal carer.	☐	Other (please specify below.	☐

2. What existing professional/care/support services is the person receiving (if any)?

All information contained within this document is strictly confidential. It should not be used for any purpose other than the protection or care of the adult(s) concerned.

3. Details of the safeguarding concern

(A) Describe what has happened, when and where. (B) What are the person at risk's views about this incident (C) Describe the risks or any injuries or harm experienced by the person at risk

Please tick here if a Body Map has been completed ☐

Type(s) of abuse: Please tick more than one if required			
Physical abuse	☐	Sexual abuse	☐
Domestic abuse	☐	Emotional / Psychological abuse	☐
Financial / Material abuse	☐	Discriminatory abuse	☐
Neglect & acts of omission (excluding pressure ulcers).	☐	Self-Neglect.	☐
Pressure Ulcer Concern – Please attach decision guide	☐	Organisational / institutional abuse	☐
Modern Slavery	☐	Hate & Mate Crime	☐
Female Genital Mutilation (FGM)	☐		

4. What does the person at risk want to happen now?

What are the desired outcomes of the person at risk? (That is, what do they wish to achieve from the support they might receive, such as feeling safe at home or having no contact with certain individuals)

Has the person at risk given consent for these concerns to be raised?	☐ Yes ☐ No
Did the person have capacity to give consent?	☐ Yes ☐ No
Can you justify why consent was not ascertained	Complete in part 7

5. Actions already taken in relation to the safeguarding concerns?

Details of action taken:

Have the police been informed?	☐ Yes ☐ No	Crime Ref. Number:

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Has medical intervention been sought?	☐ Yes ☐ No	From where/whom?

6. Details of the person or organisation alleged to be responsible for the abuse or neglect			
Name:		Date of Birth:	
Address: Post Code:		Gender:	
		Does the person/organisation know that a safeguarding concern has been raised? ☐ Yes ☐ No ☐ Not Sure	
What is their relationship to person at risk? Are they known to the person at risk? ☐ Yes ☐ No		Is this person also an adult at risk? ☐ Yes ☐ No	
Additional information, such as previous concerns:			

7. Any other relevant information
Include any safety or confidentiality issues that may impact on how the concern is acted upon and why consent needs to be overridden

8. Details of the person completing this form			
Name:		Job Title:	

Address: Post Code:			
Tel:		Date:	

Please send by secure email to Single Point of Referral (SPOR) secjpa@gmail.com

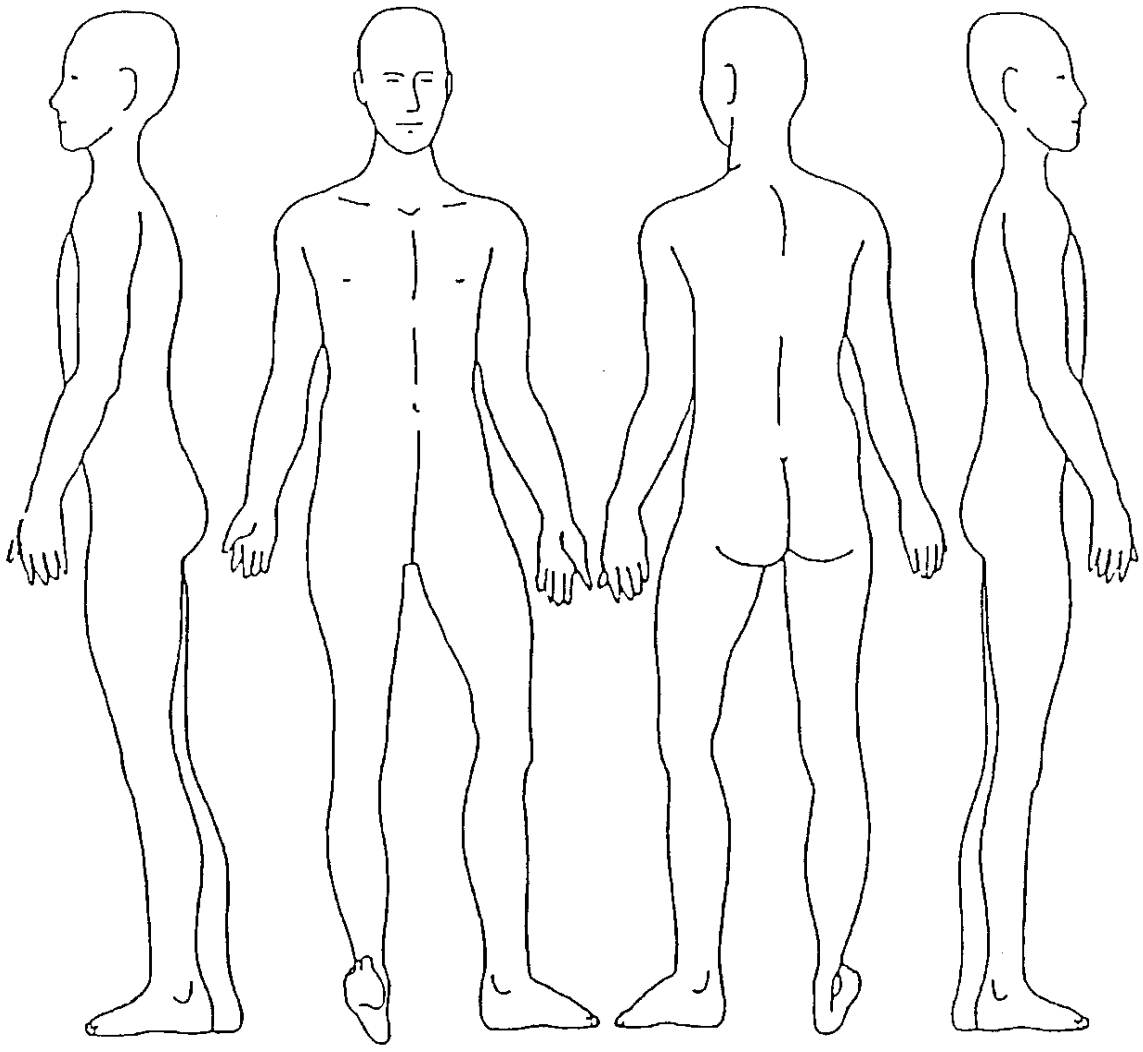
Appendix 1
Body Map

Where appropriate use this form to provide further information to support a safeguarding concern.

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Date when the injury happened (if known)		Date injury below was first observed (if this is different) to the original date	

Record the area/site of any injury, marks, bruising, etc. Please also indicate the rough size in centimetres or use a comparison, for example, the same size as a 10p coin. Record details such as the colour of bruising, etc.
A – Pressure trauma B – skin excoriation/grazing/reddening C – burns D – bruising E – wounds



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