ADULT SAFEGUARDING REPORT FORM

To be completed as fully as possible if you have concerns regarding an adult.

If it is safe to do so, it is important to inform the adult (at risk) about your concerns and that you have a duty to pass the information onto the Club Welfare Officer/UKA Safeguarding Team.

Complete as much of the form as you can with the information available.

Section 1 – Details of adult (you have concerns about)
Name:
Address:
Date of birth/age:
Contact phone number(s):
Emergency contact if known:
Consent to share information with emergency contact? Yes No
Section 2 – Details of the person completing this form/your details.
Name:
Contact phone number(s):
Email address:
Name of organisation/club:
Your role in organisation:
Section 3 – Details of concern
Please explain why you are concerned. Please give details about what you have seen/been told/other that makes you believe the adult is at risk of harm or is being abused or neglected (include dates/times/evidence from records/photos etc.)

Section 4 – Details of the person thought to be causing harm (if known)
Name:
Address:
Date of birth/age (if known):
Relationship/connection to adult:
Name of organisation/club:
Role in club/organisation:
Do they have contact with other adults at risk in another capacity e.g., in their work/family/as a volunteer)?
Section 5 – The views of the adult you have concerns about
Have you discussed your concerns with the adult? What are their views?
What have they stated about what they want to happen and what outcomes they want?
Section 6 – Reasons for not discussing with the adult
For example, discussion would put the adult or others at risk/adult appears to lack mental capacity/adult unable to communicate their views.
Section 7 – Risk to others
Are any other adults at risk? If yes, please add details here based on sections 1–6 above.

Are any children at risk? If yes, please add details here.
Section 8 – Club action
What action have you taken if any/agreed with the adult to reduce the risks? (e.g. person causing harm suspended/session times changed).
Section 9 – Other agencies contacted:
Who contacted/reference number/contact details/advice gained/action being taken
Police
Local Authority Safeguarding Adults Team
Other – please state who and why:

Section 10 – Submit the form

Send this form to your Club Welfare Officer and/or to the UKA Safeguarding Team