

Referrers Checklist - Tel: 0344 800 8020

This Checklist is to assist you to have adequate information when you are making a referral as we know that it is often a very stressful conversation and you may forget vital information when you make the call. Referrals will be considered when some of this information is not available.

	Essential	Desirable
Name of Alerter (You can remain anonymous)		✓
Contact details of Alerter		✓
Relationship to Victim		✓
Organisation of Alerter		✓
Name (of Vulnerable Adult)	✓	
Address of Vulnerable Adult	✓	
Address, if different, of place of alleged abuse	✓	
Contact details of Vulnerable Adult	✓	
Details of Category of Vulnerability (Older, frail, Mental Health, Learning Difficulties etc.)	✓	
Date of Birth or Age		✓
Gender		✓
Ethnicity		✓
Religion		✓
Capacity and understanding		✓
Communication needs (sensory loss, Language, other)		✓
Name of Alleged Perpetrator		✓
Address of Alleged Perpetrator		✓
Date of Birth of Alleged Perpetrator		✓
Details of Referral - You need to consider the following so that the person taking the referral can gain adequate information		
Nature of abuse/incident	✓	
When did it happen?	✓	
Where did it happen?	✓	
Was anyone else involved?		✓
Was the incident witnessed?		✓
Have you had previous concerns regarding this person? If so what?		✓
Does the vulnerable adult know you are making this referral?	✓	
Have you done anything to assist the Vulnerable Adult at this time? (What actions have been taken?)	✓	
How do you want to be contacted in the future?	✓	