

Selby & District u3a CONFIDENTIAL Safeguarding Adult Disclosure/Suspicion Recording Proforma

REPORT OF ADULT AT RISK				
Title & Name of Adult				
at Risk:				
Adult's Home Address with Postcode:				
with Postcode:				
Safe Contact No:				
Date, Time & Location				
of Alleged Abuse:				
Type of Alleged				
Abuse/ Disclosure:				
Allegation Reported to:	U3A Ro			e: (if held)
	buse: (continue on a separate sheet of paper if necessary)			
Description of Anegea Abase. (continue on a separate sheet of paper in necessary)				
Safeguarding Officer	Name:			Date:
Informed by:				
Committee Chairman	Name			Date:
informed by:				
SAFEGUARDING ACTION				
Action Taken:				
SAFEGUARDING DECISION:				
No Further Action/ Referral made (delete as appropriate)				
Allegation Referred to:		Referred by:		Date of Referral:
Reason for Decision:				
Chairman's Signature:		Date:		
Record to be retained until:				