

SAFEGUARDING ADULT DISCLOSURE/SUSPICION RECORDING PROFORMA (SPA1)

Adult at Risk			
Surname:		Forename:	
Gender:	Ethnicity:	Date of Birth:	Marital Status:
Home Address:			
Post Code:			
Disclosure/Suspicion Date & Time		Location of Disclosure/Suspicion	
Who Received Disclosure/Suspicion:			
Type of Alleged Abuse:		Location of Alleged Abuse:	
Description of Alleged Abuse			
Name of Person Completing Form:			
Signature:	Post Held:	Date:	

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continued

Committee Member Informed:		
Name:	Post Held:	Date & Time:
Committee Decision:		
	No further action:	Referral on:
	Yes/No	Yes/No
Date:		
Action Date:		
Reason for Decision:		
Date Record to be Destroyed:		
Chair's Signature:	Date & Time:	

Information contained in this document should only be used for the purposes of implementing and monitoring Torfaen u3a's Safeguarding Policy and Procedure and service monitoring.

The information must not be copied, transmitted or in any way divulged without the express written permission of the Committee of Torfaen u3a.