

WBSA Safeguarding Adults Report Form

Section 1 – Details of adult (w	ho is the victim)
Name of adult	
Address	
Date of Birth/ Age	
Contact number	
Emergency contact if	
known	
Consent to share	
information with	
emergency contact?	
Section 2 – Details of the pers	on completing this form/ Your details
Name	
Contact phone number(s)	
Email address	
Line manager or alternative	
contact	
Name of organisation / club	
Your Role in organisation	
Section 3 – Details of concerr	1









Section 5 – Details of the pers	son thought to be causing harm (if known)
Name	
Address	
Date of Birth/Age	
Relationship/connection to	
adult	
Role in organisation	
_	
Do they have contact with	
other adults at risk in	
another capacity? E.g. in	
their work/family/as a	
volunteer	
Section 6 - Have you discusse	ed your concerns with the adult? What are their views,
·	what they want to happen and what outcomes they
want?	,









Section 6A – Reasons for not discussing with the adult
Discussion would put the adult or others at risk. Please explain:
Adult appears to lack mental capacity. Please explain:
Adult unable to communicate their views. Please evaluing
Adult unable to communicate their views. Please explain:
Section 7 – Risk to others
Are any other adults at risk Yes. No.
If y <mark>es p</mark> lease fill in another form answering questions 1-6
Are any children at risk Yes. No.
If yes please fill in a safeguarding children referral form and attach to this.
Section 8 – What action have you taken if any /agreed with the adult to reduce the
risks?









Section 9: Other agencies	Who contact	ed/reference numb	per/contact
contacted		e gained/action be	
Police			
Ambulance			
Other – please state who and	why:		
Section 10: Contact with Welfa	re Officer/othe	ers within the club	
Who else has been informed o	<u> </u>		reason for information
sharing			
Consultation with Safeguardir	ng Lead	Dates and times	
Completed Form copied to So	ıfeguarding Le	ad; Date and time	
23.09.24			
Signed:		_ 1	
Date:			







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Section 11 – Sharing the concerns (To be completed by Safeguarding Lead)

Details of your contact with the adult at risk of harm. Have they consented to information being shared outside of WBSA?

Details of contact with the Local Authority Safeguarding Team/MASH where the adult at risk of harm lives – advice can be still sought without giving personal details if you do not have consent for a referral.

Details of any other agencies contacted:

Details of the outcome of this concern:

Andy Rogers WBSA Chairman **Anthony Krysa WBSA Safeguarding Officer**



