**MAKING REFERRALS – INCIDENT REPORT FORM - ADULTS**

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| Name of Student/Vulnerable Adult: | Student ID number: |
| Your name: | Date: |
| Other people involved with Student/Vulnerable Adult in supportive capacity: |
| Date and times of incident: |
| Details of the incident or concerns: *Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.* |
| Details of others present/ potential witnesses: |
| Details of any action taken |
| Details of any other contextual information |
| Your observation / description of injuries / any additional information: |
| Initial risk management plan:  |
| Is the Student/Vulnerable Adult aware of safeguarding concern? If not why not? |
| Has Student/Vulnerable Adult given consent to liaise with relevant others in the safeguarding concern? Yes [ ]  No [ ]  |
| Outcomes of Action:1)2)3)Next steps: |