**Appendix 2: REFERRAL FORM 1**



**Complex Adult Risk Management**

**Referral Form**

*Please complete the form to the best of your knowledge and send to your line manager to be agreed and subsequently send to those agencies that you wish to invite to the CARM support and planning meeting.*

*\*In Worcestershire please also submit a copy to the WSAB CARM coordinator via the following email address* [*SafeguardingAdultsBo@worcestershire.gov.uk*](mailto:SafeguardingAdultsBo@worcestershire.gov.uk)

|  |  |
| --- | --- |
| Name of Person: |  |
| Database identifier (e.g. MOSAIC/LAS, ERIC PRN, NHS no, Police Ref no): |  |
| Address: |  |
| Tel Number(s)  Home:  Mobile: |  |
| Date of birth: |  |
| Does the person have mental capacity in relation to the issues being presented? | Yes No Don’t know |
| Date an assessment of capacity attempted/completed and by whom | Person Assessing  Date |
| Is the person aware of the referral? (if no, please state the reason) | Yes No |
| Will individual/family member/carer be attending the panel meeting?  **Yes** , please give details: | |
| **No** please explain why: | |
| What would you like the CARM meeting to consider? List the identified risks of harm: | |
| If there is any evidence of self-neglect has a referral been made to Adult Social Care as set out in section 11 (page 16) of the [Self-Neglect and Hoarding Policy.](https://www.safeguardingworcestershire.org.uk/documents/self-neglect-policy-final-v2-1-revised-july-2022/)  **Yes** Please give details  **No –** Please make the necessary referral as this takes precedence over the CARM process. | |
| Where support has been declined, record identified reasons and offers of support as far as you are aware: | |
| Record the person’s own initial understanding of the risk: | |
| Are you aware if there being issues of conflict between person and/or family/carer and/or staff members and/or members of the public?  Yes No  If yes, please give details: | |
| In your experience has a safeguarding concern ever been raised about this person?  Yes No  If yes please give details including date of referral: | |
| What existing factors increase or decrease the likelihood of harm? | |
| Any other comments or information relevant to case: | |
| List any other people or organisations that you know who are currently working with the person and give brief details of their involvement: | |
| Staff Member  Signed: Name:  Manager  Signed: Name:  Team:  Date:  Contact Details | |