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| **Logo  Description automatically generated with low confidence** | **A picture containing icon  Description automatically generated** |

ALLEGATION MANAGEMENT REFERRAL FORM

To be submitted to Allegation Management Lead: [Karen.Lloyd@oldham.gov.uk](mailto:Karen.Lloyd@oldham.gov.uk)

**Section 1: Referral Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Contact Made with Allegation Management Lead (AML):** |  | **Time** *if known***:** |  |
| **Date Referral Form Sent:** |  | **Time** *if known***:** |  |
| **Name of Person Completing Form:** |  | | |
| **Referrer Name:** |  | **Referrer Role/Title:** |  |
| **Referrer Address:** |  | | |
| **Referrer Email:** |  | | |
| **Referrer Secure Email Address:** |  | | |
| **Referrer Telephone Number:** |  | | |

**Section 2: Information about the Allegation or Concern**

|  |  |
| --- | --- |
| **Date of Alleged Incident:** |  |
| **Where did alleged incident take place?** |  |
| **Who was the information about the alleged incident initially given to?** |  |
| **Have any other organisations been informed about the alleged incident?**  *(i.e., Police, Social Care, CQC ?)* |  |

**Section 3: Information About the Person Against Whom the Allegation Has Been Made**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Forename(s):** |  | | **Date of Birth:** |  | |
| **Surname:** |  | | **Gender:** |  | |
| **Personal Address:** |  | | | | |
| **Work Address:** |  | | | | |
| **Job Title/Role:** |  | | **Length of Service in Current Post:** | |  |
| **Employer Name and Address:** |  | | | | |
| **What Basis is the Person employed?**  *Permanent/Temp/Fixed Term/ Agency/Other* | | |  | | |
| **Have any allegations or concerns been made against this person previously?**  *If yes, please provide details:* | | |  | | |
| **Date of Last DBS:** | |  | **Disclosure Number:** |  | |
| **Does the person have any personal caring responsibilities?**  *If yes, please provide details (Children/adults with care and support needs):* | | |  | | |
| **Does the person have access to any Young Persons under the age of 18?**  *If yes, please provide details (i.e. voluntary work)* | | |  | | |

**Section 4: Brief Description of Alleged Incident/Concern**

|  |
| --- |
| **Brief description of alleged incident/concern** |
|  |

**Section 5: Information About the Adult with Care and Support Needs at Potential Risk of Harm**

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename(s):** |  | **Date of Birth:** |  |
| **Surname:** |  | **Gender:** |  |
| **Address:** |  | | |
| **Details of Family/ Advocate**  *if appropriate***:** |  | | |
| **Does the person Care and Support Needs?**  *If yes, please provide Provider details:* | |  | |
| **Who Funds Care?**  *Please provide funding details*  *i.e. Self/Local Authority/CCG/Other* | |  | |
| **Does the allegation mean that they are at risk of harm from abuse or neglect and need protecting?**  *If yes, confirm that a safeguarding concern has been raised with Oldham Adult Social Care:* | |  | |
| **Has there been any previous concerns raised?** | |  | |
| **Is there a named worker involved?**  *If yes, provide details:* | |  | |
| **Is more than one adult with Care and Support needs at risk of abuse or neglect?** | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnicity** | | | | | |
| **White** | | **Black or Black British** | | **Other Ethnic Groups** | |
| British |  | Caribbean |  | Chinese |  |
| Irish |  | African |  | African |  |
| Other |  | Other Black Background |  | Any Other Ethnic Group |  |
| **Mixed** | | **Asian/Asian British** | |  | |
| White & Black Caribbean |  | Indian |  | Not Stated |  |
| White & Black African |  | Pakistani |  |  | |
| White & Asian |  | Bangladeshi |  |
| Any Other Mixed |  | Any Other Asian |  |

**Section 6: Primary Abuse Category**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Physical** | **Emotional** | **Sexual** | **Neglect** | **Risk of Harm** | **Financial** | **Other**  *Please specify* |
|  |  |  |  |  |  |  |