**Form 2**

**Shetland Islands Council**

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**Adult at Risk – Referral to Social Work Service**

**Referring Agency:**

**Shetland Islands Council\***

**Schools Service\***

**Housing Services\***

**Other SIC department or service (please state)\***

**Other organisation (please state)\***

NB do not use this form if this is a request for assessment of need and access to services

#### Adult At Risk

# CONFIDENTIAL

**To:** Duty Senior Social Worker, Community Care Social Work

**Copy to:** Referrer’s Head of Appropriate Department/Organisation

(\*delete as appropriate)

Designated Person for Referrer’s Organisation (please state):

**From:** Referrer: Name, Designation/post held and name & address

**Adults Name:**

**Date of Birth:**

**Address:**

**Name and Address of Carer/Family Member**

**Date and time of initial contact with member of staff:**

**Reasons for concern:**

(clearly indicate whether this refers to an incident, suspicion or allegation by the adult at risk)

**Date and time of contact with the Duty Social Work service:**

**Advice received from the Duty Social Work service:**

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**Any other comments:**

**Signed: ……………………………………………….. Date: ……………………**

**Please attach a copy of your agency’s chronology (if available)**