

Shetland Islands Council and Other Agencies

Adult at Risk – Referral to Social Work Service

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

Referring Agency (delete as appropriate):

Shetland Islands Council*

Schools' Service*

Housing Services*

Other Shetland Islands Council department or service (please state)*

Other organisation (please state)*

Adult At Risk

CONFIDENTIAL

To: Duty Senior Social Worker, Community Care Adult 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 and address

Adult's 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 Adult Duty Social Work service:

Advice received from the Adult Duty Social Work service:

Any other comments:

Signed: Date:

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