

Closure Form APF17

THIS PAPERWORK IS CONFIDENTIAL AND SHOULD BE ADDRESSED AS SUCH
N.B. This form is to be completed for EVERY Adult Protection referral received.
 Codes on pages 142 to 145 should be used.

Name of vulnerable adult	CareFirst no.	AP reference number	
Date of birth	Date of closure		
Name of Team	Name of Investigating Worker		
Location of abuse	Type of abuse		
Source of referral	Relationship of alleged abuser to v.a.		
Lives with alleged abuser	Protection plan offered for v.a.		
Organisations conducting the investigation	Outcome for a.a. / provider		
Primary client group	Case conclusion		
Place of residence at time of referral	End Level Of Harm (please circle) None / Low / Medium / High / Very High		
About the vulnerable adult		About the alleged abuser	
Ethnic origin		Ethnicity	
Sexuality		Sexuality	

Service User Feedback Section

(Please complete this with the service user. If they have capacity to understand this section, please state by using appropriate code on page 144)

V.A. participation in investigation (use code)	V.A. acceptance of Protection plan (use code)
Did they attend AP meetings?	Were they allowed to express their view about the allegation (please comment)?
Yes / No / Did not want to / Was not asked to	

Has the abuse stopped (please comment)?	What other support is needed (please comment)?
Service user comments about the process	

Authorisation Section
(to be completed by Area/Business Manager)

Estimated hours spent on case		
Chairperson	Investigating officer	Administration staff
Contracts Unit	Finance / Audit	Other (please state)
Should this go to a Serious Case Review (see pages 75)		
Yes / No (please circle)		

Name of Area/
Business Manager:

Signature of Area/
Business Manager:

Date:

SEND COPY TO ADULT PROTECTION LEAD OFFICER IMMEDIATELY