

Vulnerable Adult Statement APF2

THIS PAPERWORK IS CONFIDENTIAL AND SHOULD BE ADDRESSED AS SUCH
Each box should be completed. If the v. a. is being interviewed by the Police, please complete the form as far as possible and attach the Police report.

Name of vulnerable adult	CareFirst number (if known)	Adult protection reference number
Name of investigating/interviewing worker	Name of team	
Date of interview	Time of interview	
If interview is not taking place within 1 working day, please explain why		
Please detail all others present. (include name, organisation and phone no.)		
Service user's expectations of the investigation		
Do they want their family/carers/parent told? (please comment)		
Yes / No		
Does the v.a. consent to participate in the investigation? (if no, please explain)		
Yes / No		

Name of vulnerable adult	CareFirst number (if known)	Adult protection reference number
<p>Record of the interview (use client's own words. If it is thought the v.a. lacks capacity to consent to be interviewed, please explain the attempt you have made to interview the person and how you have reached this conclusion. Use additional pages if needed.)</p>		

Name of vulnerable adult	CareFirst number (if known)	Adult protection reference number
List other services who have been involved in the past, including hospitals		
Details of significant informal carers (including family)		
Is any of the following support needed?	If no, please explain why not	
Advocate	Yes/No	
Victim Support	Yes/No	
Witness Support	Yes/No	
Name of interviewer	Signature of interviewer	Date
Name of vulnerable adult	Signature of vulnerable adult	Date
Detail the immediate protection and information sharing and gathering plan . (add boxes if needed)		
Action to be taken	Who is responsible for action	Date to be done by
Information to be shared with family/carer/parent		