**Nominated Enquiry Report Form**

The Local Authority is undertaking a Safeguarding Enquiry and as a Nominated Enquirer you are requested to complete this form.

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| **Details of Adult at Risk** | | | |
| **Surname:** |  | **First Names:** |  |
| **Date of Birth:** |  | **ASC ID:** |  |
| **Gender:** |  | **NHS ID:** |  |
| **Usual address:** | | | |
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| **Name of Safeguarding Adults Practitioner requesting this report** |
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| **Name of organisation** |
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| **Name of Nominated Enquirer** |
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| **Role of Nominated Enquirer** |
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| **Nominated Enquirer contact details** |
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| **Name of organisation** |
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| **Section 1- To be completed by the local Authority** |

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| **Is the Adult at risk aware of the concern** |
| Yes  No |
| If no state reason |
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| **Address where alleged harm occurred** |
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| **Details and date of the initial concern** |
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| **Specific actions required of the nominated enquirer to be incorporated within section 2 of this report.** |
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| **Section 2 to be completed by the Nominated Enquirer** |
| **Relevant background information about the adult at risk**  Including known factors such as services received, diagnosis, factors that either increase or decrease their risk of harm |
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| **Chronology of events leading to the concerns** |
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| **Information about the person(s) alleged to have caused the harm** |
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| **How has this enquiry been undertaken?** |
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**What are the findings of the enquiry?**

**If any gaps or omissions in care/practice were identified please give details.**

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| **What action will be taken as a result of this enquiry to include formal/informal action taken with the organisation and or individual(s)?**  **Please include any learning and recommendations.** |
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| **Are there any continuing risk factors for the adult at risk/ others**  **If so what actions will be taken to minimise these risks?** |
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| **Have the contents of this report been discussed with the adult at risk or their representative** |
| Yes  No |
| **If yes, who was informed and what information was shared?** | |
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| Did they express what they wanted to happen  Yes  No  If yes, what was requested   |  | | --- | |  |   **If no, please state the reason why not e.g. lack of capacity, coercion or duress, additional risk factors etc.** | |
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| **Report signed by Nominated Enquirer** |
|  |
| **Date** |
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