



## APP suite of forms on Epic System

### APP1 Form

Class: **Sensitive Referral**

Referral:  Override Restrictions

To Department:

Priority: **Routine**  **Routine** **Urgent**

Reason:  **Specialty Services Required** **Continuity of Care** **Co-Management of Problem**

By Clinician:

Referral medium: **Electronic Order** **Email** **eReferral** **Fax** **Letter** **Telephone** **Walk in**

Receiving Trust: **HSC BELFAST TRUST**  **HSC SOUTH EASTERN TRUST** **HSC BELFAST TRUST** **HSC NORTHERN TRUST** **HSC SOUTHERN TRUST** **HSC WESTERN TRUST**

Admin Category: **NHS** **Private Patient** **Private to NHS Outpatient PTN** **Private to NHS Inpatient/Daycase PHS**

Source of referral:  **Consultant (non-A&E)** **Accident and Emergency Department** **Specialist Nurse (secondary care)** **Allied Health Professional** **Other**

**Police**

Is this person known to the Trust? **Yes** **No** **Unknown**

Details of Referrer: Is the person completing this referral also the person bringing the concern to your agency's attention?  
**Yes** **No**

Details of Referrer: Relationship to adult at risk of harm

Details of Referrer: Contact Number

Referring Agency:  **GP** **RQIA** **PSNI** **MARAC** **RESW** **Office of Care and Protection** **Housing Provider** **Day Care** **Supported Living** **Regulated Care Home**  
**Community Trust Staff** **Homecare Worker** **Learning Disability Hospital** **Adult Mental Health Hospital** **Acute/General Hospital** **Non Acute Hospital**  
**Vol. Organisation** **Other (Specify)** **Carer** **Anonymous** **Self**

Programme of Care Source: **POC 1 ACUTE/HOSPITAL CARE** **POC 4 ELDERLY CARE** **POC 5 MENTAL HEALTH** **POC 6 LEARNING DISABILITY** **POC 7 PHYSICAL AND SENSORY DISABILITY**

Key Contacts where these are known and not otherwise listed on Encompass

1 What is the PRIMARY form of suspected, admitted or known harm or abuse?  
**Physical** **Sexual (incl. violence)** **Psychological / Emotional** **Neglect** **Financial** **Exploitation** **Institutional**

2 Does the PRIMARY form of alleged harm or abuse also relate to the following definitions?  
 **Domestic & sexual violence**  **Hate crime**  **Modern slavery/HumanTrafficking**  **N/A**

3 Details of Concern: Context - What was happening before the incident?

4 Details of Concern: Exact Location, date and time of incident

5 Details of Concern: Please provide a detailed description of the concern that has been identified. Include who was present. Include exactly what was said, observed or heard using words of the persons involved.

6 Details of Concern: What is the referrer worried about today?

Details of any witnesses

7 Location category of incident: **Own Home** **Nursing Home** **Residential Home** **Supported Living** **Adult Mental Health Hospital** **Learning Disability Hospital** **Acute/General Hospital** **Non Acute Hospital** **Day Care**  
**Public Place** **Home of other person** **Other (specify)**

Capacity of the adult at risk of harm

Adult at Risk Involvement: Has the referral been discussed with the Adult at Risk?  
**Yes** **No**

Details of Adult at Risk's Views

8 Communication needs of adult at risk

9 Describe the impact of the incident on the Adult at Risk

Does the adult at risk of harm live alone?  
**Yes** **No**

Is the adult at risk of harm present location different from home address?  
**Yes** **No**

10 Was immediate protection required for Adult at Risk? (consider place of safety / emergency report to PSNI / has PSNI attended?)  
**Yes** **No** **Unknown**



Details of Concern: Provide details of the supports available to the adult when the concern was raised

Was immediate protection required for children or other adults at risk?

Yes  No

Interim Protection Arrangements: Has a Domestic Abuse, Stalking and Harassment Risk Identification Checklist (DASH) been completed?

Yes  No  Unknown

DECISION MAKING - ONLY IF YOU ARE THE ASCI/APPOINTED PERSON/LINE MANAGER - SELECT "YES" HERE TO DISPLAY THE DECISION MAKING SECTION. OTHERWISE LEAVE UNSELECTED

Yes

Comments:

#### Guidance on sending the APP1

When Sending the APP1 referral please ensure that the order is:

1. Signed – When finished completing the form, click the **Sign Orders** button on the bottom right.
2. Sent appropriately for second sign – After the order is signed a window will appear prompting you to select a second signer. Enter the name of the **"second sign"** pool in order to co-sign the order (You **must** send this to a second sign pool). Please confer with your service's leadership if you need to clarify which Second Sign In Basket pool you should send APP1s to for Decision Making section completion & second signature.

You will find further information in the Adult Protection – APP1 tip sheet in the learning home dashboard by clicking F1.

DECISION MAKING - ONLY IF YOU ARE THE ASCI/APPOINTED PERSON/LINE MANAGER - SELECT "YES" HERE TO DISPLAY THE DECISION MAKING SECTION. OTHERWISE LEAVE UNSELECTED

Yes

Name of Person/Persons Suspected of Causing Harm

Gender  Male  Female  Unknown  X

Date of Birth

Address

Is the person(s) suspected of causing harm aware an allegation has been made against them?

Yes  No  Unknown

Is the person(s) suspected of causing harm known to the adult at risk of harm?

Yes  No  Unknown

Provide any known information about the capacity of the person alleged to have caused the harm.

Have previous APP1s or DASH assessments/concerns been recorded?

Yes  No  Unknown

Who has been notified?

PSNI  Responsible Keyworker / Case manager  Contracts  Human Resources  RQIA  Adverse incident reporting  N/A

Outcome

Adult in need of protection - Refer to Trust Adult Protection Gateway service  Adult at risk of harm – manage through alternative safeguarding response  
 Inappropriate adult safeguarding referral

Provide rationale for decision making

Comments:



## Section B Screening Decision

### SECTION B - Initial Adult Protection Assessment

(To be completed by Trust Adult Protection Gateway Service)

#### What further actions are required to enhance the interim protection plan?


Details should include urgent medical attention, additional resources or staff, admission to place of safety, 1:1 support; any other action?



#### Details of Systems Checks


Are there issues of safety for the worker? ie firearms; substance misuse; violence or aggression; Alerts on Trust systems?

Details of previous referrals to adult protection? Repeat admissions to ED Depts.? etc



#### What Human Rights are potentially affected?

Please give details of consideration of the rights of all parties and any possible engagement or breach of rights as a result of the concern reported. State which rights may be impacted and why.






✓ **Contact with the Adult and/or their family (where appropriate)**

Where possible the DAPO completing the initial assessment should make contact with the adult and/or their family either in person or by phone. In exceptional circumstances the gathering of information may be delegated to the relevant Trust Keyworker/social worker.


a) What does the Adult and/or their family think about the concern?(e.g. Are they aware of the concern- who, what, where, when etc. What does the situation look and feel like for those involved.)




b) What is important to the Adult and/or their family?(e.g. Feeling safe; Maintaining the relationship; Access to justice?)



c) Who is important to the adult in their support moving forward?




d) What options about next steps have been shared with the Adult and/or their family? (e.g. have alternative formats of information been considered?)







e) What does the Adult and/or their family want to happen?(e.g. Adult protection investigation? PSNI involvement? Alternative response? Support they may want? Nothing?)



f) Has it been explained to the Adult and/or their family what actions must happen? (e.g. Duty to report to PSNI, duty to investigate if paid carer involved, concerns about capacity)




g) Is there anything else that the Adult and/or their family feel is important for you to know?(e.g. Other incidents, threats, others at risk)



∨ Securing of Evidence

Documentation, CCTV, Care Records etc.





∨ **Threshold for reporting to PSNI**

Has the incident already been reported to police?

Yes No

Is there a need for a 999 response to the PSNI?

Yes No

Is there a legal duty to report to PSNI?

Yes No

Is the incident notifiable to PSNI on 101?

Yes No

Historical Child Abuse to be notified to PSNI, CRU?

Yes No

Is the threshold for Joint Protocol Consultation met?

Yes No

**Demonstrate clearly how each component of the adult in need of protection definition is met**

1. Over 18 years whose exposure to harm through abuse, exploitation or neglect may be increased by Personal characteristics and/or life circumstances
2. AND are unable to protect their own wellbeing, property, assets, rights or other interests
3. AND where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed

State clearly what potential interventions and information sharing are required from both PSNI and HSC Trust to safeguard the adult and/or others from further harm during an investigation of suspected / alleged crime. (Apply thresholds for consultation as per joint protocol)

Is there a need to preserve possible forensic evidence?

Yes No

∨ **Any Additional Information Relevant to the Report**

(Please include detail of consultation with others including any cross Trust information sharing and feedback arrangements.)



APP1 - SECTION B Initial Adult Pr...

DAPO to Validate Data Set on Part A of Referral Following Initial Assessment

Source/Origin of Concern

GP	RQIA
PSNI	MARAC
RESW	Office of Care and Protection
Housing Provider	Day Care
Supported Living Facility	Regulated Care Home
Community Trust Staff	Home Care Worker
Learning Disability Hospital	Adult Mental Health Hospital
Acute/General Hospital	Non Acute Hospital
Vol. Organisation	Self
Carer/Family	Anonymous
Other	Raising a Concern/Whistleblowing

Location of incident

Own Home	Adult Mental Health Hospital	Day Care
Nursing Home	Learning Disability Hospital	Public Place
Residential home	Acute/General Hospital	Home of other person
Supported living	Non acute Hospital	Other

What is the PRIMARY form of suspected, admitted or known harm or abuse?

Physical	Financial	Sexual (Inc. violence)
Exploitation	Psychological / Emotional	Institutional
Neglect		

Select if the PRIMARY form of alleged harm or abuse also relates to the following definitions?


Domestic & sexual violence	Hate crime	Modern Slavery
N/A		

Programme of Care (POC)?












POC 1 Acute	POC 4 Elderly Care
POC 5 Mental Health	POC 6 Learning Disability
POC 7 Physical Disability & Sensory Impairment	




Outcome of Initial Adult Protection Assessment

Referral forwarded to Trust core team for professional assessment as Adult at Risk of Harm 
Referral to be allocated under Adult Protection Procedures
Inappropriate Referral

Record rationale for decision making (incl who ref was discussed with; any differences of opinion etc.)



Referral forwarded for allocation to	Date:	<input type="text"/>
Name of Team	Name of Person	<input type="text"/>
	Contact No:	<input type="text"/>

APP1 Referral for adult at risk concern - June 2023



APP2

**REGIONAL ADULT PROTECTION PROCEDURES**  
**ACKNOWLEDGEMENT OF APP1 REFERRAL**

***To be completed by the Designated Adult Protection Officer and returned to Referrer  
within 2 working days***

<b>Name</b>	<b>Address</b>  <b>Telephone number</b>	<b>Date of Birth</b>  <b>Date of referral</b>
<b>Outcome of referral received</b>		
<p>1. <b>Adult in Need of Protection</b></p> <p><b>Referral forwarded to:</b></p> <p>Relevant operational team for allocation to a Designated Adult Protection Officer</p> <p>Telephone number</p> <p>Email address</p> <p>2. <b>Adult at Risk of Harm - Referral passed to operational team for alternative safeguarding response</b></p> <p><b>Referral forwarded to:</b></p> <p>Name of Team Leader / Manager</p> <p>Telephone number</p> <p>Email address</p> <p>3. <b>Inappropriate Referral</b></p>		
Signature of DAPO conducting initial assessment		
<b>PRINT NAME</b>		
<b>Date</b>		

*APP2 Acknowledgement of APP1 referral*



APP3

**REGIONAL ADULT PROTECTION PROCEDURES**

**RISK ASSESSMENT AND PROTECTION PLAN**

**PRIVATE AND STRICTLY CONFIDENTIAL**

**NOTE:** The contents of these reports are not to be reproduced, copied or divulged. Information obtained at a case discussion is not to be discussed with or revealed to others without first obtaining written permission from the source of the information.

**Any important omissions or inaccuracies in these reports should  
Be notified to the Chairperson within 7 days: otherwise it  
Will be assumed that the reports are agreed.**

<b>SECTION 1</b>		
<b>Name:</b>	<b>Date of Birth:</b> <i>(if not known, please give <u>approx</u> age)</i>	<b>Date of Referral:</b>
<b>Address:</b>	<b>Gender:</b>	<b>First Language:</b> Is an interpreter required? Yes [Control] No
	<b>Ethnicity:</b>	
<b>Name and job title of person(s) completing risk assessment including those who contribute</b>		
<b>Date of visit(s) to the Adult in Need of Protection:</b>		
<b>Background</b>		
1. <i>Describe factors triggering referral, home circumstances, supports available and summary / outcome of previous relevant investigations.</i>		
2. <i>Describe situational factors which may mean the person is more at risk of harm from others</i>		
3. <i>Describe existing situational and environmental strengths and protective factors which may increase safety</i>		
<b>Assessment of protection needs</b>		
1. <i>Describe the care needs of the adult in need of protection that may impact on their ability to protect themselves from harm.</i>		



2. Describe strengths and resilience of adult in need which may increase safety.

3. Where there is reason to believe the adult may not have capacity to consent to a specific decision, i.e. consent to investigation; sharing information etc. describe the supports offered to enhance understanding and outcome of a capacity assessment or best interest's decision.

**Wishes of adult in need of protection and /or their carer (s)**

1. Is the person aware of alleged harm/abuse?

2. Describe their understanding of the risks and their perception of the impact/potential impact of the harm.

3. Describe what they see as the benefits for them in taking the risk?

4. Detail any protective steps they wish to consider?

5. Detail their views regarding reporting to police?

6. Describe what the adult and / or their carer wants to achieve from the investigation.

**Section 2**

Include: Source of information & Consideration of Human Rights for each column (Apply FREDA Principles)

People involved in Risk Assessment	Description of <b>current</b> risk of harm (behaviour)	Describe the understanding/perception of the <b>impact</b> on the adult's independence, physical and mental health	Describe the potential risk for this to <b>happen again or get</b>	How <b>often</b> has the harm happened? <i>When did this first happen?</i> <i>Was there a</i>	Describe the <b>severity</b> or <b>degree</b> of harm.	<b>Strengths/ Protective factors</b> - that reduce the risk of harm.
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		and general wellbeing.	<b>worse</b> in the future.	<i>time when it was worse? When did it last happen?</i>		Including benefits of positive <u>risk taking</u> actions And future safety opportunities
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Risk Area 1:						
Views of Service User						
Views of Family						
Views of Advocate						
Views of Multi-Agency Team						
Views of the Adult Protection Social Worker						

Section 3 Criminal Offences
Details of potential criminal offence <u>ie</u> <b>coercion; threatening behaviour; abuse of trust.</b>
Section 4 Risk to Others
Detail any <b>harm or potential harm to others</b> and <b>action</b> taken to protect <b>other adults or children.</b>



**Section 5 Conclusion**

**Risk analysis summary and statement of seriousness of further risk of harm to include views of all contributors to the risk assessment.**

**Explain any disagreements to the risk assessment and by whom.**

MULTI AGENCY AGREED PROTECTION PLAN

NAME: [ ] DATE OF COMMENCEMENT: [ ]

	Details of current risk(s) of harm	Planned intervention	Desired Outcome	Person(s) responsible and date to be completed	Reason for not taking action
1	[ ]	[ ]	[ ]	[ ]	[ ]
2	[ ]	[ ]	[ ]	[ ]	[ ]
3	[ ]	[ ]	[ ]	[ ]	[ ]
4	[ ]	[ ]	[ ]	[ ]	[ ]
5	[ ]	[ ]	[ ]	[ ]	[ ]
6	[ ]	[ ]	[ ]	[ ]	[ ]
7	[ ]	[ ]	[ ]	[ ]	[ ]

DATE OF REVIEW: [ ]

(A new protection plan should be completed when amendments to initial plan are required)



APP4

**REGIONAL ADULT PROTECTION PROCEDURES  
STRATEGY / CASE DISCUSSION / CONFERENCE MINUTES**

**PRIVATE AND STRICTLY CONFIDENTIAL**

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*This provides a template to record who participated in the  
discussion, submitted reports and future review arrangements. The DAPO will also  
include a minute of the essential facts, discussion and decisions taken at the meeting.*

**NAME: ADDRESS: DATE OF BIRTH:**

**H&C NO: GENDER:**

**VENUE: DATE:**

**DAPO CHAIR:**

**WAS THE SERVICE USER INVITED?**

**WAS THE SERVICE USER IN ATTENDANCE?**

*(if not give details)*

**OTHERS INVITED (ADVOCATE OR CARER )**

NAME: IN ATTENDANCE:

NAME: IN ATTENDANCE:

IF NOT INVITED OR DID NOT ATTEND SPECIFY REASON:

**NAMES OF THOSE PRESENT TITLE**

**LIST OF APOLOGIES RECEIVED**

**WRITTEN REPORTS SUBMITTED BY:**



## **INTRODUCTIONS & PURPOSE OF MEETING**

*Synopsis of referral and immediate actions taken to protect the individual(s) (Prompts to be hidden by ENCOMPASS)*

## **PROFESSIONAL REPORTS** *(where applicable)*

- *Key worker*
- *RQIA*
- *Human Resources*
- *Other reports*

## **DISCUSSION**

*Consideration should be given to the following as appropriate in making multiagency decisions:*

- *Wishes of the Adult*
- *Human Rights Considerations*
- *Safeguarding of other adults at risk of harm or children*
- *Undue influence / coercion*
- *Proportionate Response*
- *Consent / capacity*
- *Best interests Decisions*
- *Supports for adult and family through investigation process*
- *Crime prevention*
- *Employee Relations / Contract issues*
- *Summary of actions agreed*

## **INVESTIGATION STRATEGY**

- *Process of Investigation – single/joint*
- *Appointment of Investigating Officer(s)*
- *Agree Terms of Reference for the investigation.*
- *Methods of gathering information – Medical / structured meetings / documentary evidence to be reviewed*
- *BSO Internal Audit / Counter Fraud Probitry Services*
- *Who will conduct meetings / when / with whom*
- *Arrangements for special needs, race, culture, gender, language, communication etc*
- *Summary of actions agreed*

## **REVIEW OF RISK ASSESSMENT AND PROTECTION PLAN**

- *Steps to be taken to enhance future safety, incl. When and by whom.*
- *Services, treatment or therapy to be accessed or modifications in services*
- *Support services through the legal process*
- *Updated risk assessment and management including actions to be taken*
- *Summary of actions agreed*



**COMMUNICATION ARRANGEMENTS**

- *Who is responsible to communicate with adult/family/staff involved/other agencies/media/communications teams (where appropriate).*
- *What is being shared with each party?*
- *Summary of actions agreed*

**IS ADULT PROTECTION INVESTIGATION TO BE CLOSED?**

Yes  No

**Date of next meeting if required:**

**AREAS FOR LEARNING FOLLOWING INVESTIGATION**

**Summary of investigation - areas of learning**

<b>ACTIONS AGREED</b>	<b>RESPONSIBILITY</b>	<b>MONITORING ARRANGEMENTS</b>
1. ***	***	***

Reason for Closure:

Has anyone expressed a contrary view to closure?

*If yes specify*

Has the service user been informed in writing?

Has the referrer been notified of outcome?

*See guidance note*

Has service user and/or carer feedback been completed?

**DAPO signature:**

**Print name:**

**Date:**



APP5

**ADULT PROTECTION PROCEDURES**

Adult Protection Meeting

**PRIVATE AND STRICTLY CONFIDENTIAL**

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<b>NAME OF PERSON(S):</b>	<b>ADDRESS</b>	<b>TEL. NO</b>
<b>(IF APPLICABLE) NAME AND POSITION OF PERSON ACCOMPANYING:</b>	<b>ADDRESS</b>	<b>TEL. NO.</b>

**RELATIONSHIP TO ADULT IN NEED OF PROTECTION**

**NAMES OF INVESTIGATION STAFF:**

**DATE:                      TIME:                      VENUE:**

**PURPOSE OF THE DISCUSSION:**

*Include Boundaries of Confidentiality; where appropriate, Raising a Concern Policy & use of information and adult protection report in potential HR processes*

**REPORT OF ALLEGED INCIDENT AND COMMENTS FROM THOSE PRESENT**





APP6

## **Adult Protection Report In Respect of SERVICE USER**

**Report Author(s)**

**Designated Adult Protection Officer:**

**Date report Approved:**

### **PRIVATE AND STRICTLY CONFIDENTIAL**

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### **INVESTIGATION TEAM**

Contributors to the investigation:

### **ENGAGEMENT WITH ADULT AND NEXT OF KIN AND/OR THEIR FAMILY**

### **TERMS OF REFERENCE**

*(What have you been asked to do? Including application of Human Rights Principles.)*

### **PEN PICTURE AND SOCIAL CIRCUMSTANCES OF ADULT IN NEED OF PROTECTION**

*(Includes an assessment of need, mental capacity and ability to protect themselves from harm.)*

### **PROVIDE A DESCRIPTION OF INCIDENT/CONCERN**

*(Outline the details of the adult protection concerns including any previous concerns.)*

### **ADULT IN NEED OF PROTECTION AND NEXT OF KIN AND/OR FAMILY EXPECTATIONS OF INVESTIGATION INCLUDING THEIR PREFERRED OUTCOME**

*(List methods used to gather information, including - Adult Protection meetings conducted, documentation reviewed, professional assessments and reports requested)*



## **INVESTIGATION METHODOLOGY**

*(How were the concerns investigated. Include details of any capacity/consent issues, interviews conducted, documentation reviewed, outcome of JP/PSNI investigations etc.)*

## **FINDINGS**

*(This section must include timeline of events, factual evidence identified in relation to each concern including information source and analysis of information gathered. Detail must include the rationale for the weight attributed by the IO to the seriousness and impact of the harm/abuse on the adult in need of protection. Outline the views of the adult and their next of kin and/or family in relation to the investigation findings.)*

## **CONCLUSION**

*(On the balance of probability, did harm occur as a result of abuse, exploitation or neglect?)*

## **AREAS FOR LEARNING**

## **DISTRIBUTION LIST FOR CASE DISCUSSION/CONFERENCE**

**Signature of Investigation officer(s)**

**Date**

**Date**

**Signature of DAPO**

**Date**

**Signature of Adult in need of protection**

**Date**

**Signature of Next of Kin and/or family (as appropriate)**

**Date**



APP7

APP7: Closure or Transfer of Case

Responsible: [Name] Create Issue Macro Manager Show All Choices

**CLOSURE / TRANSFER SUMMARY MEETING**

Adult Safeguarding investigation completed

Yes No

Summary of Investigation outcomes discussed at case discussion:

Relevant themes for improvement

communication  recording  incident reporting  medication  moving and handling  behaviour support  assessment and care planning  restrictive intervention  pressure ulcer care  
 management of individual monies  purposeful activities and social inclusion  service user on service user incidents  staffing  conduct  management systems  governance  training  supervision  
 culture and practice  user and carer engagement

**Agreed Action**

Case to be Closed? (If yes please complete Section 1)

Yes No

Case to be Transferred? (If yes please complete Sections 1 and 2)

Yes No

Reasons for decision

**Form Forwarded To**

Form Forwarded To

Care Manager  Receiving DAPO  Receiving IO  Care Provider  Client/Carer  Relevant Other

Previous Next

**SECTION ONE (Adult Protection to be closed)**

Reason for Closure	Client unwilling to proceed <input type="checkbox"/>	
	Trust Investigation Complete <input type="checkbox"/>	Learning and recommendations identified Yes <input type="checkbox"/> No <input type="checkbox"/>
	Joint Protocol Investigation Complete <input type="checkbox"/>	
	Criminal Prosecution <input type="checkbox"/>	Criminal Conviction <input type="checkbox"/>
	Refer to RQIA for response <input type="checkbox"/>	Refer to another agency <input type="checkbox"/>
	Refer to HR <input type="checkbox"/>	Refer to Professional Body <input type="checkbox"/>

Has anyone expressed a contrary view to closure? Yes No

*(if yes specify)*



Has the service user been informed in writing?  Yes  No

Has the referrer been notified of outcome?  Yes  No

Have relevant others been informed in writing?  Yes  No  
*(if yes specify) (include contracts; HR; RQIA; other professionals)*

Has service user and / or carer feedback been completed?  Yes  No

### SECTION TWO (Ongoing Protection activity to be transferred)

Transfer of DAPO function  
*(specify)*                      Date of Transfer

Transfer of Investigating Officer function  
*(specify)*                      Date of Transfer

Transfer Adult Protection to other Trust  
*(specify)*                      Date of Transfer

Other  
*(specify)*                      Date of Transfer

Date electronic recording system updated

**SIGNATURE OF INVESTIGATING OFFICER**

**DATE**

**SIGNATURE OF DAPO**

**DATE**

**Form forwarded to:**

Care Manager       Receiving DAPO       Receiving IO       Care Provider   
Client/Carer       Relevant other