



Ross & District

ACTION PLAN & DECISION MAKING PRIOR TO CLOSURE

TO BE COMPLETED BY THE COMMITTEE'S SAFEGUARDING TEAM

Use extra sheets, if required

Have you reported this to the Herefordshire Safeguarding Adults Board?	YES NO	Date:
Who did you speak to?		
Case reference number (if any)		
Reason for referral and advice given by HSAB		
Have the police been informed?	YES NO	
Who did you speak to?		
Case reference number (if any)		
What action are the police taking, if any?		
Referral to National Third Age Safeguarding Representative Please include name and contact details.		
Is the adult at risk aware that you are reporting the concern to Social Care, Police or other agencies?	YES NO	
Have they consented to this?		

Please complete here any further information in respect of their wishes	
Names of SG Team involved	
Any further action you will take	
Date of Review	
Date of Closure	
Date record to be destroyed	
Signature of Chair of Ross & District u3a	
Date	

THANK YOU FOR COMPLETING THIS FORM.

PLEASE NOW FILE THIS INFORMATION SECURELY AFTER COMPLETING.