****

|  |
| --- |
| **VULNERABLE ADULTS MULTI AGENCY PANEL (VAMA) REFERRAL FORM** |

**Submission**

Please email your referral securely to:

|  |  |
| --- | --- |
| Name | Safeguarding Adults Team |
| Email | safeguardingadults@richmondandwandsworth.gov.uk |
| Phone  | 0208 871 5855 |

**Referrer Details**

|  |  |
| --- | --- |
| **Name (of person making a referral):** |  |
| **Name of your Agency:** |  |
| **Position:** |  |
| **Your email:** |  |
| **Your telephone number:** |  |
| **Date of referral:** |  |

**Details of Person being referred**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Date of Birth:** |  |
| **GP:** |  |
| **Mosaic Number:** |  |

**Reason for referral**

|  |
| --- |
| Briefly outline the reasons for your referral – include details of all actions and concerns undertaken by your agency or which you know about taken by other agencies  |
|  |

**Summary of key risks – mark all that apply**

|  |  |
| --- | --- |
| Refusing to engage with support |  |
| Self neglect |  |
| Hoarding  |  |
| Fire |  |
| Eviction /homelessness |  |
| Unsafe environment |  |
| Risk of harm to others |  |
| Rick to children living with the person  |  |
| Other specify below  |  |
| **Details of other risk**  |
|  |

|  |
| --- |
| **Outline help you are expecting from VAMA** |
|  |

|  |
| --- |
| **SA Team screening decision *(not to be completed by social worker)*** |
|  |