

## Safeguarding Vulnerable Adults Policy - Form

*Initial cause for concern form which must be discussed with the Designated Adult Protection Officer within 24 – 48 hours.*

Date

Time

Name of individual cause for concern is about

Age (if known)

Address (if known)

Describe your concern and action taken

Observations to support cause for concern

Description and location of any visible marks, bruising etc

Name of alleged abuser and relationship (if known)

Name of person completing form:

Signature:

Date:

Witnessed by a Show Volunteer

Signature:

Date:

Second witness by Volunteer or Trustee

Signature:

Date: