

**Appendix 2**  
**Cheshire East Council Adult Safeguarding Referral Form**



**ADULT SAFEGUARDING FIRST ACCOUNT REPORT**

To be filled in by the person who heard, saw or suspects that abuse has happened.

Crewe: [Creweandnantwichadultsocialcareteam@cheshireeast.gov.uk](mailto:Creweandnantwichadultsocialcareteam@cheshireeast.gov.uk)

Congleton: [Congletonandsandbachadultsocialcareteam@cheshireeast.gov.uk](mailto:Congletonandsandbachadultsocialcareteam@cheshireeast.gov.uk)

Wilmslow: [Wilmslowandknutsfordadultsocialcareteam@cheshireeast.gov.uk](mailto:Wilmslowandknutsfordadultsocialcareteam@cheshireeast.gov.uk)

Macclesfield: [Macclesfieldadultsocialcareteam@cheshireeast.gov.uk](mailto:Macclesfieldadultsocialcareteam@cheshireeast.gov.uk)

CMHT Macc: [MentalhealthMaccAdmin@cheshireeast.gov.uk](mailto:MentalhealthMaccAdmin@cheshireeast.gov.uk) – 01625 505696

CMHT Crewe: [MentalhealthCreweAdmin@cheshireeast.gov.uk](mailto:MentalhealthCreweAdmin@cheshireeast.gov.uk) – 01270 655287

**For people already open to CMHT**

Macclesfield Hospital Social Work Team / Leighton Hospital Social Work Team:

[Macclesfield.hospital@cheshireeast.gov.uk](mailto:Macclesfield.hospital@cheshireeast.gov.uk)

[Leightonsocialworkteamadmin@cheshireeast.gov.uk](mailto:Leightonsocialworkteamadmin@cheshireeast.gov.uk)

**For people in hospital**

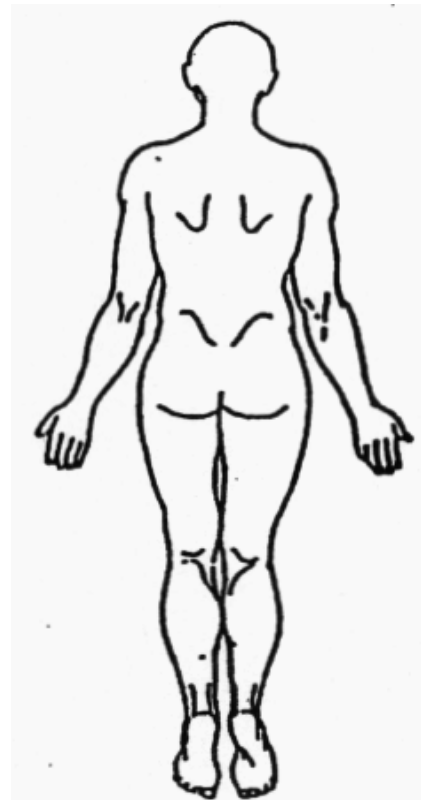
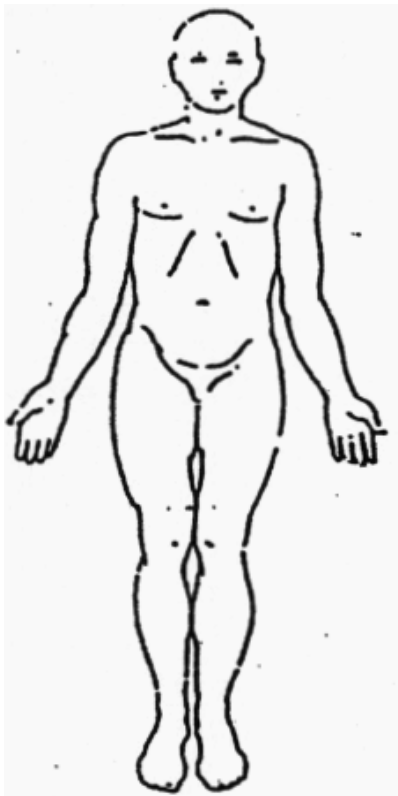
|                        |       |
|------------------------|-------|
| DATE :                 | TIME: |
| NAME OF ADULT AT RISK: |       |
| D.O.B:                 |       |
| PARIS ID:              |       |
| ADDRESS:               |       |
| POSTCODE:              |       |

|             |
|-------------|
| NAME OF GP: |
| ADDRESS:    |
| POSTCODE:   |

|   |
|---|
| <b>PERSON REPORTING THE INCIDENT:</b>   |
| NAME ..... TEL .....  |
| RELATIONSHIP TO ALLEGED PERSON AT RISK: .....   |
| <b>Account</b><br>Please write below a factual account of what you saw or heard. Please continue on further sheets as required, number them, and sign and date the statement as it may be used in evidence. Suggestions for inclusion in the account: |
| <i>What happened? (tell me, describe to me, explain to me)</i><br><i>When did it happen? Who is involved? Where did it happen? (continue on extra sheets if required)</i>   |

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Continued.....



**Office use only:**

Action taken by receiving team:

S42 Enquiry  Non S42  Complaint  Quality of Care issue

Needs assessment / Carers assessment