

JOINT PROTOCOL – ADULT PROTECTION

AJP2 – Strategy Decision Making And Investigation Planning

Form to be completed by either Social Worker or Police Officer. Original to be retained by PSNI

PSNI Reference Number:	
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DETAILS OF ADULT

Name: Interpreter required: Yes ☐ No ☐	Date of Birth or approx. age:	
	Gender: Male ☐ Female ☐ Other ☐ Prefer not to say ☐	
	Ethnicity:	
Address and Postcode:	Contact No:	Present Location: <i>(if different address)</i>

PERSONS INVOLVED IN - ☐ INITIAL STRATEGY DISCUSSION OR ☐ REVIEW STRATEGY

Date and Time of Discussion/Meeting:		☐ Telephone	☐ In Person	☐ Virtual
Names of persons involved:		Designation/role in this investigation:		
1.				
2.				
3.				
4.				
5.				

DETAILS OF DISCUSSION AND AGREED ACTIONS

- **Investigation Planning** (share information, roles & responsibilities, gathering evidence, PIA, capacity, consent for RI to be involved, medicals, documentation, CCTV, timescales, Human Rights considered, next steps etc)

- **Protection Planning** (*views & best interests of the client, Risk assessment, Human Rights considered, other services required*)

- **Communication Strategy** (*what will be shared by whom, when, how and to who. Human Rights considered*)

Other Considerations

Signature of DAPO upon completion of the form:	
Signature of PSNI Officer upon completion of the form:	
Date:	

Use additional pages if required