

JOINT PROTOCOL – ADULT PROTECTION

AJP1 - Referral Information

PSNI Reference Number:		
Date of Referral:		Referred To:
Referred By:	Referrer's Address:	
Referrer's Telephone Number:		
Referrer's Email:		
Name & contact details of person agreeing AJP1 under JP (if different to above):		

SECTION ONE (Sections 1 and 2 to be fully completed by referrer)

DETAILS OF ADULT AT RISK & IN NEED OF PROTECTION		
Name:	DOB or approx age:	Does the adult want to make a referral to PSNI/Trust: Yes ☐ No ☐
	Gender: Male ☐ Female ☐ Other ☐ Prefer not to say ☐	Outline their special needs / disability
	Interpreter required: Yes ☐ No ☐	
Address and Postcode:	Present Location: <i>(if different address)</i>	Contact No:
		Is there a Legal Duty to report to PSNI? Yes ☐ No ☐
Point of Contact & contact no. for the adult <i>(Family / Professional)</i> :	Capacity Concerns:	
Next of Kin wishes <i>(if no capacity)</i> :		

SECTION TWO

REFERRAL DETAILS		
Date and time of incident:	Location & address of incident:	Rationale for consultation under JP:
Describe the impact this incident has had on the adult in need of protection:		Injuries observed/injuries still visible:
Outline what safeguarding measures have been put in place to date <i>(to include if the adult is aware and in agreement to these measures)</i> :		

Details of the incident (to include if the adult has capacity to understand what has happened):

PERSON/S ALLEGED TO HAVE CAUSED HARM/ABUSE

Name:	DOB or approx age:	Role in adult's Life:
Interpreter required: Yes ☐ No ☐	Gender: Male ☐ Female ☐ Other ☐ Prefer not to say ☐	
	Ethnicity:	
Home Address and Postcode:	Employment Address: (if applicable):	Contact No:
		Safeguarding actions completed:
Aware of allegation: Yes ☐ No ☐	Capacity to understand an allegation has been made: Yes ☐ No ☐	Any known supports required? Yes ☐ No ☐

SECTION 3 (To be completed and shared following Joint Agency Consultation)

OUTCOME OF CONSULTATION

- ☐ Single agency investigation by PSNI
☐ Single agency investigation by Trust
☐ Joint Protocol investigation
☐ No further action under Joint Protocol (AJP6 not required)

Referral to RQIA required

- ☐ No ☐ Referral already made ☐ Yes

If yes, which agency will make the referral:

- ☐ PPU Trust
☐ Trust DAPO

RATIONALE FOR OUTCOME DECISION

Agreed By:

Designated Adult Protection Officer:

PSNI CRU Officer:

Date:

Completed form to be emailed via CJSN secure email system to cru@psni.police.uk or relevant Trust AS Gateway. Joint consultation will take place on receipt of this form and outcome to be recorded and shared by PSNI CRU.