

JOINT PROTOCOL – ADULT PROTECTION

AJP6 – Decision to end Joint Protocol Investigation

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

OUTLINE THE REASONS FOR ENDING JOINT PROTOCOL INVESTIGATION

OUTLINE FINAL COMMUNICATION STRATEGY <i>(Record who will inform the adult/family and relevant others)</i>

AGREED BY WHOM <i>(Record the names of any persons/agencies involved in decision)</i> Note: Rank of Inspector required for No Further Police Action. Rank of Sergeant required if report to PPS	
Names of persons consulted:	Designation/Rank:

Signature of DAPO:	
Signature of PSNI Officer:	
Date:	