



PRELIMINARY SCREENING FORM

(PSF 1)



Section 1: Details of vulnerable person at risk of abuse

Name:	<input type="text"/>	Gender:	<input type="text"/>
Date of Birth:	<input type="text" value="Choose a date"/>	Phone Number:	<input type="text"/>
Home address	<input type="text"/>	Eircode:	<input type="text"/>
Current address: (if different)	<input type="text"/>	Eircode:	<input type="text"/>
Is current address a HIQA designated centre:	<input type="text" value="Select"/>	If yes, enter HIQA code:	<input type="text"/>
Type of service:	<input type="text" value="Choose service type"/>	If other, please specify:	<input type="text"/>
Community/ Service setting?	<input type="text" value="Choose setting"/>		
Brief description of the vulnerable person:	<input type="text"/>		
Details if the vulnerable person has communication support needs:	<input type="text"/>		
Are other services involved with the vulnerable person?	<input type="text" value="Select"/>	If yes, please specify:	<input type="text"/>

Section 2: Your Details (person completing form)

Name:	<input type="text"/>	CHO:	<input type="text" value="Choose a CHO Area"/>
Job Title:	<input type="text"/>	Organisation:	<input type="text"/>
Email:	<input type="text"/>	Date:	<input type="text" value="Choose a date."/>
Address:	<input type="text"/>	Phone number:	<input type="text"/>
Are you the Designated Officer:	<input type="text" value="Select"/>		
If "no", provide name of DO:	<input type="text"/>		



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Section 3: Details of concern

3.1: [Date that safeguarding concern arose:](#)

Choose a date

3.2: Date that safeguarding concern was notified to the DO:

Choose a date

3.3: What type of abuse is indicated?
(Select as many as necessary)

Physical abuse	<input type="checkbox"/>	Neglect/ acts of omission	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>	Institutional abuse	<input type="checkbox"/>
Emotional/ psychological abuse	<input type="checkbox"/>	Discriminatory abuse	<input type="checkbox"/>
Financial abuse	<input type="checkbox"/>	Extreme self-neglect	<input type="checkbox"/>

3.4a: [Who has raised this concern?](#)

Select

3.4b If other, please specify

3.5a: Location of safeguarding concern:

Select location

3.5b If other, please specify

3.6a: Is the vulnerable person aware that this concern has been raised?

Select

3.6b [If not, why not?](#)

3.7: Details of safeguarding concern:

3.8: [What is known of the vulnerable person's wishes in relation to the concern?](#)

3.9a: [Is this concern linked to any other Preliminary Screening?](#)

Yes: ☐
No: ☐

3.9b If yes, give case reference(s):

3.10a: Was the safeguarding concern observed?

Yes: ☐
No: ☐

3.10b If yes, by whom?

3.11: Details of response to date:

3.12a: Is it deemed at this point that there is an ongoing risk?

Select

3.12b: If yes, please specify

3.13: [Details of any risk escalation:](#)



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Capacity and consent considerations:

3.14a: Is a decision support/ Ward of Court arrangement in place that may have relevance to this safeguarding concern?	Select
3.14b: If yes, (and where relevant), has any reporting requirement been fulfilled?	Select
3.15: Any concern regarding decision making capacity in relation to this concern?	Select

3.16: If the vulnerable person has a support person (family, friend etc.) in their life, have you considered discussing with the adult if they wish this support person to be consulted?

Select

[Out-of-Area Placements:](#)

3.17a: If the vulnerable person is the subject of an out-of-area placement, has the funder of their placement been informed of the safeguarding concern?

Select

3.17b: CHO providing funding for this placement:

Choose a CHO Area

3.18a: If the person allegedly causing concern is the subject of the out-of-area placement and is considered to be a vulnerable person, has the funder of their placement been informed?

Select

3.18b: CHO providing funding for this placement:

Choose a CHO Area



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Section 4: Outcome of Preliminary Screening

4.1: Outcome:

Choose one outcome only

4.2: Complete if 'Reasonable Grounds' or 'Additional Information' ticked in 4.1

Immediate safety issues addressed

☐

Interim Safeguarding Plan completed and attached

☐

4.3: Any additional actions undertaken? (Select as many as necessary)

Medical treatment

☐

HIQA notified

☐

Medical assessment

☐

Incident management system notified

☐

An Garda Síochána notified*

☐

Open disclosure

☐

Referred to sexual assault treatment unit

☐

Referred to Tusla

☐

* An Garda Síochána should be notified if the safeguarding concern could be criminal in nature. Ongoing liaison is important to ensure any safeguarding assessment does not interfere with the statutory responsibilities of An Garda Síochána.

4.4: Other relevant details:

4.5: If the Preliminary Screening has taken longer than three days to submit, please outline why:

Section 5: Person Allegedly Causing Concern: (If there is more than one person allegedly causing concern, please copy and paste section 5 of this form as necessary)

5.1: Anonymous agency identifier:**

5.2 Gender

**The HSE together with HSE service providers and funded agencies are mindful of their mutual obligations to protect the data protection rights of all data subjects. The identification of the "person allegedly causing concern" to the HSE Safeguarding and Protection Team has a legal basis and may be necessary in certain circumstances. A request for identifying information on "the person allegedly causing concern" by a HSE Safeguarding and Protection Team will need to be considered and decided upon by the data controller in the relevant agency.

5.3: Relationship to person referred:

Choose relationship

5.4: If other, please state relationship:

5.5a: Has this person been named in a previous Preliminary Screening?

Choose an item.

5.5b: If yes, give details:



INTERIM SAFEGUARDING PLAN



Name of vulnerable person:

Safeguarding ID:

What are the wishes of the vulnerable person in relation to this plan?

What are you trying to achieve?	What specific follow-up or safeguarding actions are you taking to achieve this?	Who is going to do this (name and job title)?	When will this be completed?	Review date for actions	Review status/ update
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	

Name of DO/ Service Manager:

Name of Safeguarding Plan Coordinator:

Date of Interim Safeguarding Plan:

Click or tap to enter a date.

If appropriate, the Interim Safeguarding Plan may become the Formal Safeguarding Plan on agreement with the SPT



INTERIM SAFEGUARDING PLAN (continued)



What are you trying to achieve?	What specific follow-up or safeguarding actions are you taking to achieve this?	Who is going to do this (name and job title)?	When will this be completed?	Review date for actions	Review status/ update
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	



PRELIMINARY SCREENING REVIEW FORM (PSF3)

(For completion by Safeguarding and Protection Team)



Name of vulnerable person:

Unique safeguarding ID:

Date received by SPT

Date reviewed by SPT

SPT member reviewing form:

Preliminary Screening agreed
by SPT team:

If not in agreement with outcome at this point outline of reasons:

Commentary on areas in form needing clarity or further information:

Any other relevant feedback including any follow up actions requested:

Name:

Signature:

Date review form returned to Designated Officer/ Service Manager:



PRELIMINARY SCREENING REVIEW UPDATE FORM (PSF 4)

(For completion by DO if requested by the SPT)



PART A:

Name of vulnerable person:

Unique safeguarding ID:

Date returned to SPT:

[Click to enter a date](#)

Designated Officer/ Service Manager:

Signature:

Reply with any clarifications, additional information or follow-up actions requested:

PART B (for SPT use only)

Date received by SPT:

[Click to enter a date](#)

Date reviewed by SPT:

[Click to enter a date](#)

Preliminary Screening agreed by SPT?

[Click to select](#)

SPT team member reviewing form:

Signature:

If not in agreement with outcome at this point give outline of reasons and planned process to address outstanding issues in preliminary screening: