

FORMAL SAFEGUARDING FORM (FSP 1)



Section 1: De	tails of vulnerabl	e person at risk of abuse	•			
Name:			Gender:			
Unique safegua	rding ID:					
			Dhana Numbani			
Date of Birth:			Phone Number:			
Home address				Eircode:		
Current address: (if different)				Eircode:		
Section 2: Co plan is being		e reasonable grounds ha	as been establis	hed and a	formal safeguarding	
2.1 What type o indicated? (Select as many		Physical abuse Sexual abuse Emotional/ psychological al	_	Institu Discrir	ct/ acts of omission itional abuse minatory abuse ne self-neglect	0 0 0
		i manciai abuse		Extrei	ne sen-negleet	
6 11 0 D						
3.1: Summary o	etails of safeguard of the reasonable gro analysis of the conce	unds for concern that have be	en established (to	include a su	mmary of the assessment	:
process and arre	ariarysis of the conec	11).				
		entified including any triggers on-going supports/services to				
3.3a: Is the vulr aware that a saf has been devise	feguarding plan	3.3b <u>If n</u>	ot, why not?			



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3.4: Detail and outcome of any strategy meeting or case conference if held:	
Section 4: Additional Information	
4.1: If it is deemed at this point that a level of risk remains please give reasons	why it is not possible to fully ensure safety?
4.2: Does the vulnerable person need support if seeking justice/redress?	
4.3a: Is this concern linked to another preliminary screening or safeguarding	Click to select
plan?	
4.3b: If yes, please give details:	
4.4a: Were other agencies notified as part of formulating this safeguarding pla Service etc.)? Click to select	n (eg: Gardaí, HIQA, Decision Support
4.4b: If yes, please list:	
Section 5: Details of Designated Officer and Safeguarding Plan Co	o-ordinator
Name of Designated Officer:	Tel:
Address:	
Job title:	
Email:	
Name of Safeguarding Co- ordinator (if different):	Tel:



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Address:	
Job title:	
Email:	
Date:	Click to enter date



FORMAL 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	

Date: Click to enter date

Additional safeguarding actions can be recorded on the following page.



FORMAL SAFEGUARDING PLAN (continued)

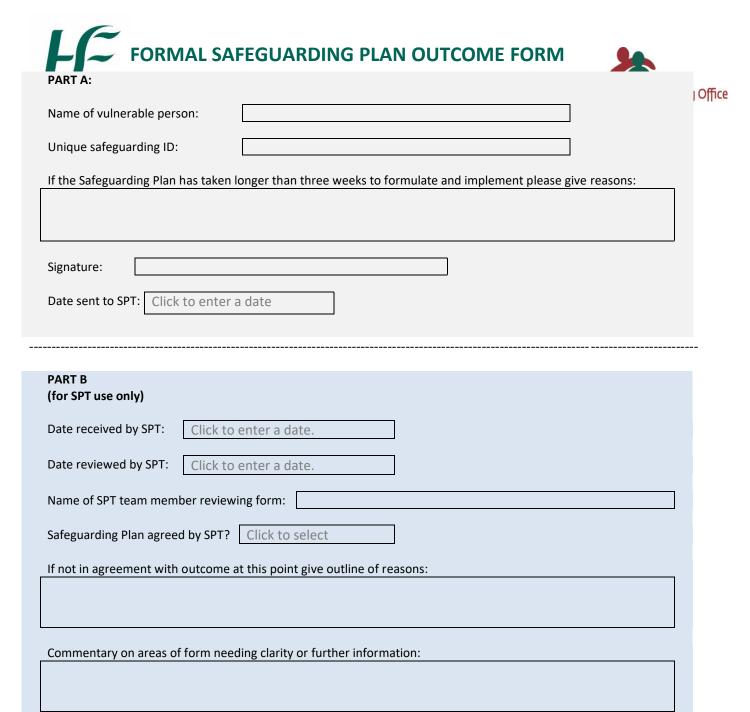


Name of vulnerable person:		Safeguarding ID:			
What are you trying to achieve?	What specific follow-up or safeguarding actions are you taking to achieve this?	Who is going to do this (name and job title)?	When will this be completed?	Review date for actions	Review status/ update
			Click to enter date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

date

date

Date: Click or tap to enter a date.



Name:

Signature:

Click to enter a date

Any other relevant feedback, including any follow-up actions requested:

Date review form returned to Safeguarding Coordinator:



FORMAL SAFEGUARDING PLAN UPDATE FORM



(For completion if requested by the SPT)

PART A:
Name of vulnerable person:
Unique safeguarding ID:
Details on any clarifications, additional information or follow up actions requested:
Date returned to SPT Click to enter a date
Safeguarding Plan Co-ordinator:
Signature:
Signature.
PART B (for SPT use only)
Date received by SPT: Click to enter a date
Date reviewed by SPT: Click to enter a date
Safeguarding Plan agreed by SPT? Click to select
If not in agreement with outcome at this point give outline of reasons and planned process to address outstanding issues in Safeguarding Plan:
SPT team member reviewing form:
Signature: