



FORMAL SAFEGUARDING FORM (FSP 1)



Section 1: Details of vulnerable person at risk of abuse

Name:	<input type="text"/>	Gender:	<input type="text"/>
Unique safeguarding ID:	<input type="text"/>		
Date of Birth:	<input type="text"/>	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"/>

Section 2: Concern type (where reasonable grounds has been established and a formal safeguarding plan is being formulated)

2.1 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"/>

Section 3: Details of safeguarding assessment

3.1: Summary of the reasonable grounds for concern that have been established (to include a summary of the assessment process and an analysis of the concern):

3.2: What are the needs and risks identified including any triggers or circumstances that may indicate increased level of risk for the vulnerable person? (Indicate on-going supports/services to be put in place as a result of devising a formal safeguarding plan):

3.3a: Is the vulnerable person aware that a safeguarding plan has been devised?

Select

3.3b [If not, why not?](#)



FORMAL SAFEGUARDING FORM (FSP 1)



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 plan?](#)

Click to select

4.3b: If yes, please give details:

4.4a: Were other agencies notified as part of formulating this safeguarding plan (eg: Gardaí, HIQA, Decision Support Service etc.)?

Click to select

4.4b: If yes, please list:

Section 5: Details of Designated Officer and Safeguarding Plan Co-ordinator

Name of Designated Officer:

Tel:

Address:

Job title:

Email:

Name of Safeguarding Co-ordinator (if different):

Tel:



FORMAL SAFEGUARDING FORM (FSP 1)



Address:

Job title:

Email:

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:

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 date	Click to enter date	

Date:



FORMAL SAFEGUARDING PLAN OUTCOME FORM



Office

PART A:

Name of vulnerable person:

Unique safeguarding ID:

If the Safeguarding Plan has taken longer than three weeks to formulate and implement please give reasons:

Signature:

Date sent to SPT:

Click to enter a date

PART B

(for SPT use only)

Date received by SPT:

Click to enter a date.

Date reviewed by SPT:

Click to enter a date.

Name of SPT team member reviewing form:

Safeguarding Plan agreed by SPT?

Click to select

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

Commentary on areas of form needing clarity or further information:

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

Name:

Signature:

Date review form returned to Safeguarding Coordinator:

Click to enter a date



FORMAL SAFEGUARDING PLAN UPDATE FORM (FSP 3)

(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

Safeguarding Plan Co-ordinator:

Signature:

PART B (for SPT use only)

Date received by SPT:

Date reviewed by SPT:

Safeguarding Plan agreed by SPT?

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: