

Vulnerable Adult Warning Form

Detained Individual Assessment Detained Detained Individual Individual DOB Name Gender Port / Atlas **CEPR Number** Site Any Other Care Plan? e.g. SSHWF / ACDT / VACP DCO Name (circle) YES NO Date & Time If yes, attach a copy to this form Part C completed? (circle) YES NO

First Language:	
English Proficiency (circle) None / Few Words / Basic Understanding / Good Understanding / Fluent	Interpreter required YES NO Provide Details: Date / Time / Issues etc.

Presenting Issue(s): What are the detained individual's current / historical issues? (consider risk factors to include alcohol/substance misuse, suffering from a mental health condition; having been a victim of torture, sexual violence or modern slavery; suffering from PTSD; being pregnant; being aged 70 or over; suffering from a serious physical health condition or disability; or being a transgender or intersex person) *This list is not exhaustive.*

Notes / expand the rationale in full (include any medication needs):				
Immediate actions or adjustments required/ taken Any Further Relevant Information Any specific Safeguarding or Trafficking concerns (must include actions take, e.g. NRM referral) Any further action required? (All VAWFs should be reviewed if the individual's time in a holding room has exceeded 24 hours.) Level of observation required: Observations are to be recorded on the reverse side Outcome / Handover details: Intended Destination is: Receiving DSO Name(s)				
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		ALL OBSERVATIONS TO BE RECORDED HERE
DATE	TIME	OBSERVATIONS / STAFF HANDOVERS/ COMMENTS / INTERACTION NOTED
		All handovers between staff MUST be recorded and should include any incidents of self-harm/any change in circumstances that could affect the person's risk of suicide or self-harm? If yes to any, please provide details below (including action taken to address it)
Managers Quality Audit		
I have reviewed and verify the contents of the VAWF.		
Name:		
 Date:		