



Vulnerable Adult Warning Form

Detained Individual Assessment

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

First Language: <hr/>	Interpreter required YES <input type="checkbox"/> NO <input type="checkbox"/>
English Proficiency <i>(circle)</i> None / Few Words / Basic Understanding / Good Understanding / Fluent	Provide Details: Date / Time / Issues etc. <hr/>

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): <hr/> <hr/> <hr/> <hr/>	
Immediate actions or adjustments required/ taken	
Any Further Relevant Information Any specific Safeguarding or Trafficking concerns <i>(must include actions take, e.g. NRM referral)</i>	
Any further action required? <i>(All VAWFs should be reviewed if the individual's time in a holding room has exceeded 24 hours.)</i>	



Level of observation required: Observations are to be recorded on the reverse side	Constant <input type="checkbox"/> Frequent Observation (<i>not timed</i>) <input type="checkbox"/> Other <input type="checkbox"/>
Outcome / Handover details:	
Intended Destination is:	
Receiving DSO Name(s)	
Date & Time of Collection	

