Home Office

Annex A

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 *(circle)* YES ☐ NO ☐ ***If yes, attach a copy to this form***	
DCO Name			
Date & Time			
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	Constant ☐ Frequent Observation *(not timed)* ☐ Other ☐
Outcome / Handover details: Intended Destination is: ……. Receiving DSO Name(s) ……. Date & Time of Collection …….	

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:……