

Adults with Incapacity (Scotland) Act 2000

Office of the
Public Guardian (Scotland)



Investigation referral form

Please refer to our **guidance for information** about making a referral. This explains more about what we can investigate and what we do. When completing the referral form, provide as much information and evidence as you can to support your concerns. This will help us establish whether we have a remit to commence an investigation. We are required by law to report the facts and circumstances to the local authority if we reasonably consider the adult to be at risk.

1.0 Your details

Name:

Address:

Postcode:

Telephone number:

E-mail address:

Relationship to adult:

Please provide your details if completing this referral in your professional capacity

Job title:

Organisation:

2.1 Details of the adult

Name:

Date of birth:

National insurance number:

2.2 Adult's home address

Home address:

Post code:

Y N Not known

Is the adult currently living at this address?

Does the adult own this property?

Does the adult own any other property?

Is there a charging order on any property?

Tell us about any other property owned by the adult:

2.3 Adult's current address

If the adult is currently living at another address e.g. care home, hospital etc. please tell us:

Name of residence:

Address:

Post code:

Telephone number:

Email address:

Name of person looking after the adult in this place:

Job title:

Date of admission into care:

3.0 About the adult's capacity

Before completing this section, refer to the guidance note for information around the definition of incapacity.

In your opinion does the adult have capacity to manage their own affairs? Y N

If the answer is no, it would be helpful if you could give an indication as to when the adult started to become incapable of looking after their own affairs. It is likely that we will contact the adult's general medical practitioner to confirm this information.

4.0 Details of the adult's general medical practitioner

Name:

Surgery:

Address:

Postcode:

Telephone number:

Email address:

5.1 What is the complaint or concern you have?

Please give a brief description of why you believe the adult's property or financial affairs are, or might be, at risk. It would be helpful if you could provide as much factual information as you can and copies of relevant evidence. If you need more space to make your comments, **please use a separate sheet of paper.**

5.2 What are the known past and present wishes of the adult in relation to the concern?

6.1 Details of the person causing concern

Name:

Address:

Postcode:

Telephone number:

E-mail address:

Relationship to adult:

Does this person have authority to act on behalf of the adult? Y N

If yes, what authority have they been given? (e.g. attorney, withdrawer, appointee, in receipt of direct payments for community care services etc.)

If you have a copy of any document, such as a power of attorney, please include it with this form.

6.2 Details of any other person causing concern

Name:

Address:

Postcode:

Telephone number:

E-mail address:

Relationship to adult:

Does this person have authority to act on behalf of the adult? Y N

If yes, what authority have they been given?

If you have a copy of any document, such as a power of attorney, please include it with this form.

7.0 Details of the adult's nearest relative

Name:

Address:

Postcode:

Telephone number:

E-mail address:

Specific relationship to adult: (son, daughter, spouse, cousin etc.)

8.0 Details of the adult's social worker / mental health officer

If the adult has a social worker or a mental health officer, please complete the details below.

Name:

Job title:

Local authority and department:

Address:

Postcode:

Telephone number:

E-mail address:

- **Go to section 9 if the referral is being made by the local authority**
- **Go to section 10 if the referral is being made by any other person**

This section should only be completed if the referral is being made by local authority staff

9.1 Personal welfare

Is there a concern in relation to the adult's personal welfare? Y N

If so have you notified the Mental Welfare Commission? Y N

Please provide any details below if the concern about personal welfare directly relates to this referral.

9.2 Adult Support & Protection (ASP)

Please confirm if this referral is being dealt with under ASP legislation?

What action has been undertaken under the legislation? If you need more space to make your comments, please use a separate sheet of paper.

9.3 Additional information

Please provide a summary of other information such as:

- Details of any other form of income known e.g. pension, benefits, allowances or income from renting property etc.
- Details of any financial assessment carried out. A copy of the assessment is enclosed.
- Is the adult in receipt of their personal allowance?
- Is an appointee or corporate appointee receiving funds on behalf of the adult?
- Would the local authority be prepared to apply to be an appointee or apply for some other form of authority e.g. guardianship?

10.0 Referral made by:

Signature:

Date:

When we receive the form and supporting evidence we will review all of the information to allow us to reach a view on the matter. If we are unable to investigate, we will contact you to let you know and explain why.

If we are able to investigate, we may contact you to obtain further information to assist with our enquiries. Please be aware that we do not provide ongoing updates as to case progress. However, we will contact you to advise when we reach a final view.

11.0 Our contact details

Please send the completed referral form along with any supporting evidence to us at the postal or email address below:

Office of the Public Guardian (Scotland)
Investigation Team
Hadrian House
Callendar Business Park
Callendar Road
Falkirk
FK1 1XR

DX 550360 Falkirk 3

- Telephone: 01324 678350
- E-Mail: OPG-INV@scotcourts.gov.uk
- Website: www.publicguardian-scotland.gov.uk
- Opening hours: 9am – 5pm Monday to Friday

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