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| A blue and white sign with yellow text  Description automatically generated  **Bedfordshire Police**  **Public Protection Unit**  **Email:** [**PPU@Beds.police.uk**](mailto:PPU@Beds.police.uk)  Request For Vulnerable Adult Professional Meeting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To be emailed to the PPU Hub, **urgent requests** must be highlighted in the email header and followed up with a telephone call to the PPU Hub. Please note requests for meetings will not be considered without prior submission of this form unless risk dictates urgent intervention with a need for immediate action.  *Before submitting, please consider is a detailed chronology of police information sufficient to negate the need for police involvement in the meeting*. **YES/NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Police Admin only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Date Received:** | |  | | | | | | **Time:** | | |  | | | | | | | | | | | **URN:** | | | | | | |  | |  | |
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| **Receiver:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Sexual** | | | **Physical** | | | | | | | **Neglect  Emotional** | | | | | | | | | | | | | | | | | | **Other/Contextual** | | | | |
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| **(A) Referrer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Name & Role:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Agency/Team Address:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Tel. No.:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Email Address:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Date/Time Alert Received:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Original Alert Forwarded to Police:** | | | | |  |  |  |  | | --- | --- | --- | --- | | **Yes** |  | **No** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Proposed Date/Time for Meeting:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **(B) Details of Vulnerable Adult** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Family Name:** | | | | | |  | | | | | | | | **Forenames:** | | | |  | | | | | | | | | | | | |  | |
| **Date of Birth:** | | | | | |  | | | **Male** | | |  | | **Female** |  | | | **Ethnicity:** | | | | | |  | | **Religion:** | | | |  |  | |
| **First Language:** | | | | | |  | | | | | | | **Interpreter Required ?:** | | | | | | | | | |  | | | | | | | |  | |
| **Home Address:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Current Location of Adult:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **E mail and Tel:** | | | | | |  | | | | **Vulnerability:** | | | | | | | | |  | | | | | | | | | | | |  | |
| **GP Details:**  **M** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **(C) Others Linked to the Vulnerable Person- Family/Friends/Dependants** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Family Name** | | | | **Forenames** | | | | | | **DoB** | | | | | | **M/F** | | | | **Ethnicity** | | | | | **Relationship to Adult** | | | | | | |  |
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| **(D) Person(s) Of Concern or Risk to the Vulnerable Person** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family Name** | | | | | **Forenames** | | | | | **DoB** | | | | | | | **M/F** | | | | **Ethnicity** | | | | **Relationship to Adult** | | | | | | |  |
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| **Address:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Family Name** | | | | | **Forenames** | | | | | **DoB** | | | | | | | **M/F** | | | | **Ethnicity** | | | | **Relationship to Adult** | | | | | | |  |
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| **Address:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **(E) Reason for Request for Meeting** Summarise current concern, existing risk factors/current risk assessment –Explain need for the meeting -What is sought to be achieved. Please include all concerns and any relevant history. Please include the last date of police checks completed and if police have attended regarding the incident. | | | | |
| ***\*If police are already involved with this vulnerable adult, please provide the details of the officer or staff member who has been dealing.*** | | | | |
| ***(Sections A to E must be completed before submission to Police)*** | | | | |
| **(F) Outcome of Request for Professionals Meeting – Police Only**  Decisions: | | | | |
| **Additional information provided during telephone conversation**:    **Police Decision**: *(Meeting Agreed? Allocated Police Team? Decision/Rationale)* | | | | |
|  | | | | |
| **(G) Police Only** | | | |  |
| Reference |  | OIC |  |  |
| Supervisor |  | | |  |
|  |  | | |  |