



Investigation referral form for Local Authorities



With the commencement of the Adults with Incapacity (Scotland) Act 2000 (the "Act") the Office of the Public Guardian came into being. One of the functions of the Public Guardian is to receive and investigate complaints regarding the exercise of functions relating to the property or financial affairs of an adult made:

- (i) in relation to continuing attorneys appointed in terms of the Act
- (ii) concerning intromissions with funds under Part 3 of the Act
- (iii) in relation to guardians or persons authorised under intervention orders.

The Public Guardian can also investigate any circumstances made known in which the property or financial affairs of an adult seem, to the Public Guardian, to be at risk.

The purpose of this form is to assist Local Authority officers, e.g. social workers, finance officers, care managers etc. to make a referral for investigation by the Public Guardian where it is felt that there may be a risk to the property or financial affairs of an adult.

When completed, please send the form, along with any supporting documents, to:

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

DX 550360 - Falkirk 3
LP17 - Falkirk 3

Tel: 01324 678398
Fax: 01324 678301
E-Mail: POA-INV@scotcourts.gov.uk
Website: www.publicguardian-scotland.gov.uk

Please complete as many sections of this form as possible

Details of person making referral

Title (Mr/Mrs/Miss/Ms/Other)	<input type="text"/>
Surname	<input type="text"/>
Forename	<input type="text"/>
Job title	<input type="text"/>
Local Authority	<input type="text"/>
Department	<input type="text"/>
Property number/name	<input type="text"/>
Street name	<input type="text"/>
Town	<input type="text"/>
Postcode	<input type="text"/>
Telephone number (including area code)	<input type="text"/>
E-mail address	<input type="text"/>

Details of adult's social worker/mental health officer

(if different from above)

Title (Mr/Mrs/Miss/Ms/Other)	<input type="text"/>
Surname	<input type="text"/>
Forename	<input type="text"/>
Job title	<input type="text"/>
Local Authority	<input type="text"/>
Department	<input type="text"/>
Property number/name	<input type="text"/>
Street name	<input type="text"/>
Town	<input type="text"/>
Postcode	<input type="text"/>
Telephone number (including area code)	<input type="text"/>
E-mail address	<input type="text"/>

Details of the adult

Title (Mr/Mrs/Miss/Ms/Other)

Surname

Forename

Date of birth (if known)

National Insurance Number (if known)

Usual home address

Property number/name

Street name

Town

Postcode

Telephone number (including area code)

Is this the adult's current address?
(If no, complete Section 1 overleaf)

Yes No

Does the adult own this property?

Yes No Not known

Does the adult own any other
property? (If yes, please provide details
on a separate A4 sheet)

Yes No Not known

Is there a charging order on any
property belonging to the adult?

Yes No Not known

Section 1 – Details of contact at care home/hospital (if appropriate)

Title (Mr/Mrs/Miss/Ms/Other)	<input type="text"/>		
Surname	<input type="text"/>		
Forename	<input type="text"/>		
Job title	<input type="text"/>		
Name of home/hospital	<input type="text"/>		
Property number/name/ward	<input type="text"/>		
Street name	<input type="text"/>		
Town	<input type="text"/>		
Postcode	<input type="text"/>		
Telephone number (including area code)	<input type="text"/>		
E-mail address	<input type="text"/>		
Is the care home Local Authority owned?	<input type="checkbox"/>	or privately owned?	<input type="checkbox"/>
Date of admission into care	<input type="text"/>		

Section 2 – Details of adult's general practitioner

Title (Doctor/Other)	<input type="text"/>
Surname	<input type="text"/>
Forename	<input type="text"/>
Surgey name	<input type="text"/>
Property number/name	<input type="text"/>
Street name	<input type="text"/>
Town	<input type="text"/>
Postcode	<input type="text"/>
Telephone number (including area code)	<input type="text"/>
E-mail address	<input type="text"/>

Section 3 – Indication as to capacity of adult

Is the adult, due to mental disorder or inability to communicate as defined in the Act, considered incapable as mentioned in any provision of the Act of -

(a) acting; or

(b) making decisions; or

(c) communicating decisions; or

(d) understanding decisions; or

(e) retaining the memory of decisions? Yes No

What is the nature of the mental disorder or physical disability?

Section 4.1 – Details of party(s) causing concern

Title (Mr/Mrs/Miss/Ms/Other)	<input type="text"/>
Surname	<input type="text"/>
Forename	<input type="text"/>
Property number/name	<input type="text"/>
Street name	<input type="text"/>
Town	<input type="text"/>
Postcode	<input type="text"/>
Telephone number (including area code)	<input type="text"/>
E-mail address	<input type="text"/>
Relationship to adult	<input type="text"/>

Does this person have any known authority to act on behalf of the adult? Yes No

If yes, what nature of authority (attorney, withdrawer, appointee, person in receipt of direct payments for community care services on behalf of adult etc.)?

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

Section 4.2 – Details of party(s) causing concern

Title (Mr/Mrs/Miss/Ms/Other)

Surname

Forename

Property number/name

Street name

Town

Postcode

Telephone number (including area code)

E-mail address

Relationship to adult

Does this person have any known authority to act on behalf of the adult? Yes No

If yes, what nature of authority (attorney, withdrawer, appointee, person in receipt of direct payments for community care services on behalf of adult etc.)?

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

Section 5 – Nature of complaint/concern

Please give a brief description of why you believe the adult's property or financial affairs are, or might be, at risk. Investigating officers will more than likely contact you to clarify your concern, but it would be helpful if you could provide as much factual information and relevant evidence as you have at this stage. Please also comment if you feel that undue influence is being applied upon the adult in this instance and, if so, by whom.

(Please continue on a separate A4 sheet if required.)

What are the known past and present wishes of the adult?

Is there a concern in relation to the adult's personal welfare? Yes No

If so, has the Mental Welfare Commission been notified of your concerns and actions taken? Yes No

Is this concern regarding personal welfare directly related to this referral? If so, provide details below.

Section 5(3) of the Adult Support and Protection (Scotland) Act 2007 statutorily directs that where a public body or office holder to which this section applies knows or believes that (a) a person is an adult at risk, and (b) that action needs to be taken in order to protect that person from harm, the public body or office holder must report the facts and circumstances of the case to the council for the area in which it considers the person to be. You must advise your specialist ASP team of the circumstances of this referral.

Have you complied with the above statement? Yes No
If no, please do so now.

Has a referral been made under Adult Support and Protection (Scotland) Act 2007? What if any action has been taken? (e.g. case conference, protection order, action under Adults with Incapacity (Scotland) Act 2000 or the Mental Health Care and Treatment (Scotland) Act 2003. If so, provide details below:

Section 6 – Details of adult’s nearest relative (if different from Section 4)

Title (Mr/Mrs/Miss/Ms/Other)

Surname

Forename

Property number/name

Street name

Town

Postcode

Telephone number (including area code)

E-mail address

What are the known views of the adult’s nearest relative?

Section 7 – Details of the adult’s primary carer (if different from Section 1)

Title (Mr/Mrs/Miss/Ms/Other)

Surname

Forename

Property number/name

Street name

Town

Postcode

Telephone number (including area code)

E-mail address

What are the known views of the adult’s primary carer?

Section 8 – Any other relevant information

Please provide a summary of other information such as:

- details of pension/benefits/allowances and any other form of income known, e.g. rental income from property etc.
- whether the adult is currently in receipt of his/her personal allowance
- details of any financial assessment carried out
- identify if an appointee or corporate appointee is receiving funds on behalf of the adult
- if not, would the Local Authority be prepared to apply to be appointee or, if need be, apply for some other form of authority to act under the adults with incapacity legislation?
- has the Local Authority carried out any action in regard to the concern in line with adult support and protection legislation?

How would the adult benefit from intervention by the Public Guardian?

What are the risks associated with non-intervention?

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