Statutory notification about a person who uses a domiciliary care agency or nurses agency

Please read ‘Guidance for Providers: How to tell us about notifiable events’ for detailed advice on how and when to make statutory notifications

The guidance is available at www.cqc.org.uk

There is a separate form for notifications about an agency’s premises, registered provider(s), registered manager, staff, or statement of purpose

This notification includes personal information. To comply with the Data Protection Act 1998 it should not be sent by email or fax

Please send this notification by post to:

Care Quality Commission
National Correspondence
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Fax us on: 03000 616172

Or email your regional team:

Easter Region: enquiries.eastern@cqc.org.uk
London Region: enquiries.london@cqc.org.uk
North East Region: enquiries.northeastern@cqc.org.uk
North West Region: enquiries.northwest@cqc.org.uk
South East Region: enquiries.southeast@cqc.org.uk
South West Region: enquiries.southwest@cqc.org.uk
West Midlands Region: enquiries.westmidlands@cqc.org.uk

- Please use a separate form for each notification
- Please do not send in duplicate notifications by email or fax: send this notification ONCE, by post only
- Service numbers can be found on reports and certificates of registration
### Part 1 Required information:

<table>
<thead>
<tr>
<th>The Agency</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency’s name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency’s address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postcode:</td>
<td>Service number:</td>
<td></td>
</tr>
<tr>
<td>Form filled in by:</td>
<td>Date: dd/mm/yy</td>
<td></td>
</tr>
</tbody>
</table>

### Notification about an allegation of abuse, neglect or harm of a person(s) who uses the agency that has been reported to the police

**You must send this information within 24 hours**

### Details of the victims of the alleged abuse:

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Date service commenced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
<tr>
<td>Type of abuse (tick all that apply)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial/material</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discriminatory abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alleged abuser(s) relationship with the person (tick all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Worker employed at the home</td>
<td></td>
</tr>
<tr>
<td>Relative</td>
<td></td>
</tr>
<tr>
<td>Volunteer</td>
<td></td>
</tr>
<tr>
<td>Visiting care worker or professional</td>
<td></td>
</tr>
<tr>
<td>Friend</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information about a safeguarding investigation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date allegation was reported to registered person:</td>
<td>Date allegation was reported to social services department / police:</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>dd/mm/yy</td>
<td>dd/mm/yy</td>
</tr>
</tbody>
</table>
Part 2 Any further information

Continue on additional numbered sheets if necessary (box will expand)