**Safeguarding Adult Review (SAR) Referral Form.**

Please provide the details requested below to enable members of the SAR Subgroup to make a proportionate decision as to whether this case meets the SAR criteria as set out in the Care Act 2014.

**Professional requesting SAR.**

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title** |  |
| **Organisation** |  |
| **Email** |  |
| **Telephone number** |  |

**Other named professional (if appropriate).**

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title** |  |
| **Organisation** |  |
| **Email** |  |
| **Telephone number** |  |

The Care Act (2014) states that SABs must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult, or, if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect.

**Individual’s details.**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Date of Death *(If applicable)***  |  |
| **NHS Number *(if known)*** |  |
| **Address** |  |
| **GP Surgery *(if known)*** |  |
| **Ethnic Origin** |  |
| **Gender Identity** |  |
| **Family / next of kin / advocate / representative details.** |  |

|  |
| --- |
| **Health and social care / or other presenting needs.** |
|  |

**Details of SAR referral.**

|  |
| --- |
| **Outline of referral.*****Please detail the incident / rationale for requesting a SAR / rationale for delay in referral (if appropriate).*** |
|  |

|  |
| --- |
| **Evidence of the individual’s needs for care and support.*****Please detail in the box below.*** |
|  |

|  |
| --- |
| **Evidence of the individual’s experience or risk of abuse, harm or neglect.*****Please detail in the box below.*** |
|  |

|  |
| --- |
| **Evidence of multi-agency involvement / working (include positive practice or concerns in this area).** ***Please detail in the box below.*** |
|  |

|  |
| --- |
| **Please list all agencies and contact names and details of those involved in the individual’s care and support.**  |
|  |

|  |
| --- |
| **Please list details of any known statutory or other reviews ongoing or proposed in relation to this individual.**  |
|  |

|  |
| --- |
| **Any other relevant information.** |
|  |

Please send all SAR referrals forms to the Business Manager for the Safeguarding Adults Board.

* For Bournemouth, Christchurch & Poole referrals, send to: glynis.greenslade@bcpcouncil.gov.uk
* For Dorset referrals send to: claire.hughes@bcpcouncil.gov.uk

**SAR Subgroup Decision**

|  |  |
| --- | --- |
| **Date of SAR Subgroup** |  |

|  |
| --- |
| **Decision of SAR Subgroup*****Include if the referral meets the criteria for SAR and decision of the subgroup.*** |
|  |

|  |  |
| --- | --- |
| **Professional updating SAR subgroup decision** |  |
| **Job Role** |  |
| **Organisation** |  |
| **Date** |  |