

Safeguarding Adult Review (SAR) Referral

Form Details

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| Form Start Date: | Worker Name: |
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Person Details

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|------------|---------------|
| Name: | CareFirst ID: |
| DoB / EDD: | Gender: |
| Address: | Tel No: |

Safeguarding Adult Review Referral

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|-----------|
| Ethnicity |
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|-------------------------------|
| Category: |
| Notes: |
| Date of death (if applicable) |

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| Cause of death (if applicable) |
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| Agencies involved |
|-------------------|

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|--|
| Is this multi-agency or single agency issue? |
| <input type="checkbox"/> Multi-agency <input type="checkbox"/> Single agency |

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| Name of referrer |
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| Contact details of referrer |
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| Brief summary of what if any safeguarding or adult protection risk issues were present prior to the death / initial safeguarding alert details |
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Safeguarding Adult Review (SAR) Referral

Name:

CareFirst ID:

If there was a death how was it linked to the safeguarding concerns (establishing the link between the abuse and cause of death)

If the case does not relate to a death, what measures were put in place to prevent serious harm or reduced capacity or quality of life?

Summary of safeguarding case conference and outcome recommendations

Please outline a timeline of key events

Was appropriate consideration given to the person's mental capacity and if so how was this carried out.

What happened with regards to addressing the original risks ?

What should have happened? What action/lack of action by the stakeholders involved contributed to the death or harm of the adult at risk?

If applicable what were the issues with regards to how effectively the relevant agencies worked together?

What is the learning issue in this situation and has it been addressed?

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|--------------|----------------------|
| Name: | CareFirst ID: |
|--------------|----------------------|

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|-----------------------------------|
| Other relevant information |
| |

| Completion | |
|--|--------------|
| Completed By: Worker: Tel: Address: | Date: |