**Form A: PART 1- REFERRAL NOTICE**

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| **REFERRAL INFORMATION** | |
| **Name (of person making a referral):** |  |
| **Name of your Agency** |  |
| **Position:** |  |
| **Your email:** |  |
| **Your address:** |  |
| **Your telephone number:** |  |

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| **IDENTIFYING INFORMATION** | |
| **Name of person(s) being referred:** |  |
| **Date of birth(s)** |  |
| **Date of incident or issues (please give time range if more appropriate)** |  |

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| **REASON FOR REFERRAL**  **(Do not exceed 3 sides of text)** |
| When considering a case for a SAR, more formal processes are likely to be reserved where there is multiple agency involvement and subsequent failure or significant public interest.  Please refer to Section 4 of the Protocol for more assistance in defining a SAR |
| **Why are you referring this case for Safeguarding Adult Review?** In making your referral for Safeguarding Adult Review, you should consult the local policy, setting out your reasons as to why the criteria is met. The criteria you should consider are:  1. “An SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if,  (a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and  (b) condition 1 or 2 is met.  2. Condition 1 is met if:  (a) the adult has died, and  (b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).  3. Condition 2 is met if:  (a) the adult is still alive, and  (b) the SAB knows or suspects that the adult has experienced serious abuse or neglect.  **Please include, details of any safeguarding meetings held, and names of Social**  **Workers or Safeguarding Adults Managers or others involved in the case**. |

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| **[insert your summary here of the case and why SAR criteria is met]** |

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| **Parallel Processes.**  Have any other processes commenced which are looking at this case and/or are you aware of any that may likely to be instigated. Please tick the relevant boxes, and where another process has started or is likely to start, please give details below  **Please tick as applicable:** | | | | |
| Process | Commenced | | Planned | |
|  | Yes | No | Yes | No |
| Section 42 Adult Safeguarding Enquiry |  |  |  |  |
| Criminal Investigation |  |  |  |  |
| Serious Case Review (Children) |  |  |  |  |
| Coroner’s Inquest |  |  |  |  |
| Domestic Homicide Review (DHR) |  |  |  |  |
| Mental Health Homicide Review (MHHR) |  |  |  |  |
| Serious Incident (SI) |  |  |  |  |
| Root Cause Analysis (RCA) |  |  |  |  |
| Other |  |  |  |  |
| ‘Other’ please state: | | | | |
| Detail: | | | | |

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| Completed by |  |
| Signed |  |
| Name (Please print) |  |
| Date |  |

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| **For use by the SAR Sub-Group Chair only**  **Date Referral Received:**  **Date considered by extra-ordinary SAR subgroup:**  **Decision/Recommendation taken:**  **Date Recommendation Conveyed to MSAB Chair:**  **MSAB Chair decision:** |