 ****

**Consideration Request Form**

**for**

**a Safeguarding Adults Review**

**Consideration Request Form for a Safeguarding Adult Review**

**PART A - Referral**

Please complete as fully as possible after discussion with your agency’s SAB representative who will submit to the SARC chair. If your agency does not have a SAB representative please discuss with the LA SAB representative.

|  |  |
| --- | --- |
| **Referrer Details** |  |
| Name |  |
| Job Title |  |
| Organisation |  |
| Contact details |  |

|  |  |
| --- | --- |
| **Date of Referral** |  |

|  |  |
| --- | --- |
| **Details of Adult**  |  |
| Name |  |
| Address |  |
| Date of birth |  |
| Date of death (if applicable) |  |
| Ethnicity |  |
| Name and address of GP |  |
| Family/ Next of Kin/ Advocate |  |
| Agencies Involved |  |

|  |
| --- |
| ***Brief details of case*** (include chronology of events, details of allegation of abuse or neglect, agency responses, key decisions made, any safeguarding procedure followed) ***Any other relevant information*** |

|  |
| --- |
| **The purpose of a Safeguarding Adult Review is to promote effective learning and** **action to prevent further deaths or serious harm occurring again.*****Please provide a detailed summary of why, in your opinion, this case could be considered for a Safeguarding Adult Review. When considering a Safeguarding Adult Review the following should be noted:******Does the individual have Care and Support needs? Please provide details:******Did they die or suffer significant harm? AND is there a suspicion that abuse or neglect contributed to the death or harm? Please provide details:******Is there a reasonable cause for concern about how agencies worked together to safeguard the adult? Please provide details:*** |

**PART B – SARC consideration and decision**

|  |  |
| --- | --- |
| **Date of Meeting** |  |
| **Agencies Present** |  |
| **Information Reviewed** |  |
| **Summary of Discussion** |  |
| **Recommendation**Is a SAR proposed?If not, is an alternative review type recommended? |  |
| **Further Actions** |  |

|  |  |
| --- | --- |
| **Name (SARC Chair)** |  |
| **Date** |  |
| **Signature** |  |

**PART C – SAB Independent Chair Review**

|  |  |
| --- | --- |
| **I endorse the recommendation for a SAR to be undertaken** |  |
| **I endorse the recommendation for a SAR not to be undertaken** |  |
| **Further information/ clarification is required (refer back to SARC)** |  |

|  |
| --- |
| **Comments** |

|  |  |
| --- | --- |
| **Name (SAB Chair)** |  |
| **Date** |  |
| **Signature** |  |