## Safeguarding Adults Review referral form

Details of individual/organisation making the referral:

|  |  |
| --- | --- |
| Name |  |
| Position/Job title |  |
| Organisation |  |
| Address |  |
| Contact telephone |  |
| Contact email |  |
| Name of the Manager who has authorised the making of this referral |  |
| Position/Job title |  |
| Contact telephone |  |
| Contact email |  |
| Date of request |  |

Details of adult who is the subject of this referral:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address |  | | |
| Date of Birth |  | Date of Death (if applicable) |  |
| Ethnicity |  | | |
| GP (if known) |  | | |
| Family / Next of Kin / Advocate / representative |  | | |
| Health and/or other presenting needs |  | | |

Details of any person/organisation alleged/suspected to be responsible for harm:

|  |  |
| --- | --- |
| Name |  |
| Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth |  | Date of Death (if applicable) |  |
| Ethnicity |  | | |
| GP (if known) |  | | |
| Relationship to adult who is the subject of this referral |  | | |
| Health and/or other presenting needs |  | | |

Details of the case/incident:

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| Brief outline of the case/incident (with dates and locations if known) |
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| Did the adult have needs for care and support?[[1]](#footnote-1) Yes  No |
| Evidence/rationale to support your answer: |
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| Does the referrer have reasonable cause for concern about how the Safeguarding Partnership, members of it, or other persons with relevant functions worked together to safeguard the adult? Yes  No |
| Evidence/rationale to support your answer: |
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| Where the adult has died, does the referrer know or suspect that the death resulted from abuse or neglect? Not applicable  Yes  No |
| Evidence/rationale to support your answer: |
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| --- |
| What learning do you think can be achieved through a review of this case? |
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| Has any other learning/review process already been started by your own agency?  Yes  No |
| If yes, please specify the review conducted, learning identified, how it was disseminated, and the impact of the learning on practice. |
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| --- | --- |
| List of individuals and their agencies/service providers known to be involved in the case. | |
| Practitioner’s name | Representing which Agency? |
|  |  |
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| Any other relevant information that will help the Safeguarding Partnership decide whether the criteria for a Safeguarding Adults Review is met. |
|  |

*When this form is completed please send it to the following email address:* [*safeguarding.partnership@rbwm.gov.uk*](mailto:safeguarding.partnership@rbwm.gov.uk)

1. ‘Care and support’ is the term used to describe the help some adults need to live as well as possible with any illness or disability they may have. It can include help with things like getting out of bed, washing, dressing, getting to work, cooking meals, eating, seeing friends, caring for families, being part of the community. It might also include emotional support at a time of difficulty and stress, helping people who are caring for an adult family member or friend or even giving others a lift to a social event. Care and support includes the help given by family and friends, as well as any provided by the council or other organisations. ([Care and support: what's changing? - GOV.UK](https://www.gov.uk/government/publications/care-and-support-whats-changing/care-and-support-whats-changing) – Accessed 08/01/25.) [↑](#footnote-ref-1)