## A picture containing building, room, scene, ball  Description automatically generated

##  Safeguarding Adults Review request form

**Details of individual/ organisation requesting the SAR:**

|  |  |
| --- | --- |
| **Name** |  |
| **Position/Designation** |  |
| **Organisation** |  |
| **Address** |  |
| **Contact telephone** |  |
| **Contact email** |  |

|  |  |
| --- | --- |
| **Authorising Manager** |  |
| **Position/Designation** |  |
| **Contact telephone** |  |
| **Contact email** |  |
| **Date of request** |  |

**Details of adult at risk:**

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

**Details of person / organisation alleged responsible for harm**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Date of Birth** |  | **Date of Death (if applicable)** |  |
| **Ethnicity** |  |
| **GP (if known)** |  |
| **Relationship to adult at risk** |  |
| **Health and/or other presenting needs** |  |

**Details of SAR request:**

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| **Brief outline of the case/incident (with dates and locations if known)** |
|  |

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| **What learning do you think can be achieved through a review of this case?** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Has any other learning / review process already been followed (e.g. internally)? Yes** |  | **No** |  |
| **If yes, please specify the review conducted, learning identified, how it was disseminated, and impact.** |
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| **List of individuals and their agencies/service providers known to be involved in the case.** |
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| **Any other relevant information that will help the SAB decide whether a SAR is required.** |
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| **Summary of why this case meets the criteria for a Safeguarding Adult Review (see section 2 in the SAR Framework)** |
| *Please establish the link between cause of death / harm and the (suspected) abuse / neglect.**Please include the views of the adult / family / carer where known* |
| **Do you believe a statutory Safeguarding Adult Review is required in response to this case? Yes / No** |

*Once this form is completed please return to the following email address:* *safeguarding.partnership@rbwm.gov.uk*