**Safeguarding Adults Review (SAR)**

**Calderdale SAB** **Case Consideration Request Form**

Date request form sent:

Name and job role of referrer:

**Contact details of referrer**  
Address:

Telephone:

Email:

Agency of referrer:

**Senior Manager authorisation (where applicable)**Name:

Job Title:

Address:

Telephone:

Email:

Date referral authorised:

Manager’s comments:

**Subject: Person(s) Details that require consideration for an SAR**

Name of subject:

Date of Birth of subject:

Gender:

NHS number/Social Work ID:

Address (current/last known address):

Family/significant others:

Relationship:

Details: (include address/contact phone numbers)

**Details of person/organisation alleged to have caused harm, if relevant**

Name:

Organisation:

**Known Service Provision (subject and family/carers) – please note that this includes local and out of authority services:**

Children’s Social Care ☐ Adult Social Care ☐

Police ☐ GP ☐

Specify the GP’s Name and Address

Housing ☐ Education ☐

Specify Service(s) Specify Service(s)

Community Health Services ☐ Acute Health Service ☐

Specify Services Specify Service(s)

Mental Health Service ☐ Drug/Alcohol Services ☐

Specify Service(s) Specify Service(s)

Probation ☐ Voluntary/3rd Sector ☐

Specify Service(s) Specify Service(s)

Other ☐

1. Background to case for consideration(please clear text from box before adding information)

* *Brief review of history of individual that is known including health history*

*e.g. – input from Housing services previously, suffered from depression, alcohol addiction in the past*

* *Any other Safeguarding processes or Police/Coroner’s investigations that are known to have/be taking place.*
* *Have any other SARs relating to this person taken place?*

1. Brief overview of circumstances prompting consideration for referral (please clear text from box before adding information)

* *Provide key details of case*
* *Only identify what is known*
* *If there appear to be gaps in information about the case – please specify clearly*

*e.g. - The lady could not be contacted by any of the agencies involved in delivering a service during the period of ….*

* *Brief overview of reasons for other agency involvement, if known.*

1. Current Position of the case, (please clear text from box before adding information)

* *e.g.- Police are still investigating, The hospital have registered the case on their internal incident reporting system, the Safeguarding Team in the local Authority have completed an investigation.*
* *Any actions that have already been taken by agencies*

1. Referral reason(s). How does this case meet the criteria for a Safeguarding Adults Review?

*See policy*

1. What learning do you think can be achieved through review of this case? Which agencies/services are/ were involved in this case? Which agencies/ services should particularly achieve this learning?

*Please detail*

1. What other learning/review processes have been followed?

*Please detail*

1. What did they achieve? How has that learning been disseminated?

*Please detail*

1. What impact has it had?

*Please detail*

1. Please detail any other relevant information that will enable the Safeguarding Adults Review Group of the CSAB reach a decision about how to respond to this referral including explanation for any delay in making this referral.

*Please detail*

Please return your form and any other appropriate documentation to the following secure email address:-

Please title your email, ‘**SAR referral**’ and return to: [julie.hartley@calderdale.gov.uk](mailto:julie.hartley@calderdale.gov.uk).