



# **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	
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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**

<b>Date of Meeting</b>	
<b>Agencies Present</b>	
<b>Information Reviewed</b>	
<b>Summary of Discussion</b>	
<b>Recommendation</b> Is a SAR proposed?  If not, is an alternative review type recommended?	
<b>Further Actions</b>	

<b>Name (SARC Chair)</b>	
<b>Date</b>	
<b>Signature</b>	

## **PART C – SAB Independent Chair Review**

<b>I endorse the recommendation for a SAR to be undertaken</b>	
<b>I endorse the recommendation for a SAR not to be undertaken</b>	
<b>Further information/ clarification is required (refer back to SARC)</b>	

<b>Comments</b>
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<b>Name (SAB Chair)</b>	
<b>Date</b>	
<b>Signature</b>	