

**Safeguarding Adults Review Referral Form**

North Yorkshire SAB considers every Safeguarding Adult Referral (SAR) referral based on whether it meets the criteria for a SAR.

The Board needs as much information as possible to enable members to make a proportionate decision as to how to respond to a SAR referral, ensuring, if the case is accepted for a review, that maximum learning can be achieved. Please therefore complete as much information on this form as possible.

**If you have any questions, please do not hesitate to contact the SAB Business Unit via** [**nysab@northyorks.gov.uk**](mailto:nysab@northyorks.gov.uk)

**A Safeguarding Adult Review will only be considered if all Sections (below) are met. Please select all that apply.**

|  |  |  |
| --- | --- | --- |
| **1.** | **An adult with care and support needs has either died or experienced significant harm** |  |
| **2.** | **Abuse or neglect is suspected to be a contributory factor to the death/significant harm** |  |
| **3.** | **There is reasonable cause for concern about how the NYSAB, members of it or other persons with relevant functions worked together to safeguard the adult** |  |

**Details of adult at risk:**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| **Date of death (if applicable)** |  |
| **NHS Number** |  |
| **Ethnicity** |  |
| **Address** |  |
| **GP (if known)** |  |
| **Family/next of kin/advocate/representative** |  |
| **Health and/or other care and support needs** |  |
| **Any other relevant protected characteristics** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Brief Details of the Incident; please describe how the SAR criteria (see above) may be met.  If the person is alive, please describe the impact of the alleged abuse. | | | | | |
|  | | | | | |
| **Main** type of abuse/neglect identified: | | | | Choose an item. | |
| **Other** types of abuse/neglect identified (please tick as appropriate): | | | | | |
| Discriminatory | Domestic Violence | Financial | Modern Slavery | | Neglect |
|  |  |  |  | |  |
| Organisational | Physical | Self-Neglect | Psychological | | Sexual |
|  |  |  |  | |  |

**Other Agencies Involved;**

|  |  |
| --- | --- |
| **Name** |  |
| **Agency** |  |
| **Role** |  |
| **Address** |  |
| **Telephone number** |  |
| **E-mail** |  |

**Details of individual/organisation referring the case for consideration for a SAR**

|  |  |
| --- | --- |
| **Name** |  |
| **Position/designation** |  |
| **Organisation** |  |
| **Address** |  |
| **Contact telephone** |  |
| **Contact email** |  |
| **Safeguarding Lead** |  |
| **Position/designation** |  |
| **Contact telephone** |  |
| **Contact email** |  |

|  |  |
| --- | --- |
| **Date of request** |  |

|  |
| --- |
| **ANY OTHER REVIEWS PENDING OR COMPLETED**  eg Serious Incidents, MAPPA, Domestic Homicide, Single Agency/Management Reviews, Children’s Safeguarding Practice Review, police internal review processes, referred to Coroner). |
|  |

Please return the completed document to nysab@northyorks.gov.uk

If a family member wishes to submit a referral for consideration, then they should submit their request in writing to the Independent Chair at:

Independent Chair

North Yorkshire Safeguarding Adults Board

c/o Health and Adult Services

North Yorkshire County Council

County Hall

Northallerton

DL7 8AD