**North Yorkshire Safeguarding Adults Board**

**Safeguarding Adults Review Request Form**

North Yorkshire SAB considers every SAR request on the basis of whether it meets the criteria for a Safeguarding Adults Review (see section 4 of the North Yorkshire SAR Policy).

The Board needs as much information as possible to enable members to make a proportionate decision as to how to respond to a SAR request, 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 on nysab@northyorks.gov.uk

**Submit your form by post to:**

Independent Chair

North Yorkshire Safeguarding Adults Board

c/o Health and Adult Services

North Yorkshire County Council

County Hall

Northallerton

DL7 8DD

**Or submit by email** **to nysab@northyorks.gov.uk**

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**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** |  |
| **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 person/organisation alleged responsible for harm:**

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| --- | --- |
| **Name** |  |

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| **Brief outline of the case/incident (with dates and locations if known)** |
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| **Summary of why this case meets the criteria for a SAR (section 4 NYSAB SAR Policy)** |
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| **Do you believe a statutory SAR is required in response to this case?** | **Yes** |  | **No** |  |

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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 (eg internally?)** | **Yes** |  | **No** |  |
| **If yes, please specify the review conducted, learning identified, how it was disseminated and impact** |
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| **List of agencies/service providers known to be involved in the case** |
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| **Any other relevant information that will help NYSAB decide whether a SAR is required** |
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