

**Safeguarding Adults Review Referral Form**

North Yorkshire SAB considers every SAR referral based on whether it meets the criteria for a Safeguarding Adults Review.

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**

**A Safeguarding Adult Review will only be considered if Section 1 (below) is met and Section 2 or 3 are met. Please select all that apply.**

|  |  |  |
| --- | --- | --- |
| **1.** | **There is reasonable cause for concern about how the North Yorkshire Safeguarding Adults Board, its members or organisations worked together to safeguard this adult.** | **[ ]**  |
| **2.** | **The adult died and the North Yorkshire Safeguarding Adults Board knows/suspects this was as a result of abuse or neglect.** | **[ ]**  |
| **3.** | **The adult is still alive but the North Yorkshire Safeguarding Adults Board knows or suspects the adult has experienced serious abuse/neglect, sustained potentially life threatening injury, serious sexual abuse or serious/permanent impairment of health or development.** | **[ ]**  |

**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 care and support needs** |  |

|  |
| --- |
| Brief Details of the Incident |
|  |
| **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**(e.g. Serious Incidents, MAPPA, Domestic Homicide, Single Agency/Management Reviews, Children’s Serious Case Reviews, 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