# SAR Request Form

**Referrers’ Details**

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| **Name:** | **Designation:** | **Agency:** | **Contact Details (email, address and telephone number):** |
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**Adult at Risk Details**

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| Adult at Risk |
| Name:  |  |
| Date of birth: |  |
| Date of incident |  |
| Date of death (where applicable): |  |
| Gender |  |
| Ethnicity |  |
| Address:  |  |
| Health (physical): |  |
| Health (mental): |  |
| Agencies involved: |  |
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|  |  |
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**Person(s) or Organisation(s) Alleged Responsible to have Caused Harm or Neglect**

|  |  |
| --- | --- |
| Name:  |  |
| Address: |  |

**Family and Significant Others**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Relationship to subject person:** | **DOB:** | **Address:** |
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**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)

**Please outline the circumstances of the incident (death, serious injury, referral to safeguarding). Include in this section detail of any internal review or single agency investigations that have been undertaken as a result of the incident and what lessons have been learnt as a result and how this has been disseminated.**

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**Please outline a brief chronological explanation of your agency’s involvement with the adult at risk, family, carers and significant others. Include your agency’s involvement/ lack of involvement with other relevant agencies in relation to the service provision/events. Outline why the criteria for a SAR has been met with a focus on potential learning for agencies. Please set out the facts chronologically by person.**

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**Safeguarding Adults Review Criteria:**

Please tick the appropriate box that explains why this case requires a Safeguarding Adults Review;

[ ]  An adult at risk in Doncaster has died as a result of abuse or neglect, whether known or suspected **and** there is concern that partner agencies could have worked more effectively to protect the adult.

[ ]  An adult at risk in Doncaster has not died, but the Doncaster Safeguarding Adults Board knows or suspects that the adult at risk has experienced **serious** abuse or neglect.

[ ]  The DSAB are also free to consider conducting a SAR into any incident(s) or case(s) involving adults at risk. E.g. where it is believed to be in the public interest to conduct such a review.

[ ]  Request made by a Coroner, Family, Government Ministers or other interested parties seeking a SAR to establish whether there are important multi-agency lessons to be learned

COMPLETED REQUEST FORMS TO BE EMAILED TO:

 dsab@doncaster.gov.uk

**For completion by The Safeguarding Adults Review Panel**

**Safeguarding Adults Review Panel to tick the appropriate box below that outlines the required recommended response based on the information presented:**

[ ]  Safeguarding Adults Review

[ ]  Single Agency Internal Review

[ ]  No Review Required

[ ]  Scoping / further information required

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| **Date of meeting/discussion:** **Recommendations:** * Independent Author :
* Agencies to participate in SAR:
* Methodology:
* Output:
* Timescales for completion:
* Urgent action required by agencies to prevent further abuse:
* How the Adult at Risk, Family / Friends will be involved:

**Disclosure of information:*** Publish full SAR Report: Y / N
* Publish Executive Summary Report only: Y / N

**Reasons for recommendation:**  |

**DSAB Decision:**

|  |
| --- |
| **Date of meeting/discussion:****Decision:****Reasons for decision:****Signature of DSAB Independent Chair:**  |