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| **Safeguarding Adults Review (SAR)**  **Referral Form** |  |

Any agency or individual can refer a case for consideration by the Halton Safeguarding Adults Board (HSAB).

This form can be used to refer a case that may meet the criteria for a Safeguarding Adult Review (SAR) or a case where there are significant and unresolved concerns and the decision making framework for a SAR may be appropriate.

Any referral made or information supplied should be done so in accordance with the relevant legislation, policy and procedure guidance and, wherever possible, reference to the Inter Agency Safeguarding Adults Policy, Procedure & Good Practice Guidance and Safeguarding Adults Review Policy, Procedure & Good Practice Guidance.

*\*Please type in the white boxes and note that they will expand as needed.*

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| Details of Referrer | |
| --- | --- |
| Name: |  |
| Job Title (if professional referral): |  |
| Organisation (if professional referral): |  |
| Address: |  |
| Telephone number: |  |
| Email address: |  |
| Relationship to the adult at risk: |  |
| Date referral submitted: |  |

| Details of Adult at Risk | |
| --- | --- |
| Name: |  |
| Address: |  |
| Date of Birth: |  |
| Date of death (if applicable): |  |
| Cause of death (if applicable/known): |  |
| Ethnicity (if known): |  |
| Name and address of GP: |  |
| Details of significant others (include legally recognised next of kin where this is known, family members, carers, advocate, representative): |  |
| Please list any agencies that the person is or has been involved with to your knowledge (for example adult social care, housing, police, voluntary bodies and so on): |  |

| Please provide the details of who you have discussed this referral with: | |
| --- | --- |
| Name: |  |
| Position: |  |
| Organisation: |  |
| Relationship to you: |  |
| Date of Discussion: |  |
| Outcome: |  |
| Please include any discussion you may have had with the person subject to this referral (if applicable) or with their significant other(s): |  |

| In addition please provide the following details: |
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| Brief summary of any evidence/concerns you have about the adult being at risk of abuse and neglect: |
|  |
| Please provide a summary of why you are referring this case for consideration by the Safeguarding Adults Board (please include a brief description of the incident(s) and the impact on the adult at risk, as well as any concerns about the way agencies have worked together): |
|  |
| Please provide details of any other investigations you are aware of concerning the case (for example serious incidents, criminal, health and safety and safety): |
|  |
| Name and contact details of the Safeguarding Manager or lead person in any other investigation: |
|  |

| If the adult at risk is subject to an ongoing safeguarding investigation, please provide additional details (if known) as follows: | |
| --- | --- |
| Details of the initial referral: |  |
| Subsequent developments including risk management plans: |  |
| Please provide any details that may be useful for this referral: |  |

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Please forward this form to the following address: [hsab@halton.gov.uk](mailto:hsab@halton.gov.uk)

You may also post this form to:

FAO Halton Safeguarding Adults Board

Integrated Adult Safeguarding Unit

Halton Borough Council

PO Box 317

RUNCORN

WA7 9BZ

Please mark it Private and Confidential for the addressee only. Please note that this form contains personal information and should be submitted by secure means.

| For completion by HSAB: | |
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| Date referral received: |  |
| Date discussed with the HSAB Chair: |  |
| Details of outcome to referrer: |  |
| Date of outcome to referrer: |  |