

**Derby Safeguarding Adults Board (DSAB)**

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

The completed referral must be reviewed and authorised by a senior manager and submitted to the DSAB Business Manager in a confidential manner to the secure email address at [DSAB@Derby.gov.uk](mailto:DSAB@Derby.gov.uk).

Please complete all sections and include as much information as possible within this referral to enable Safeguarding Adults Review (SAR) Subgroup members to make a proportionate decision as to how to respond to a case referral, ensuring, if the case is accepted for a review, that maximum learning is achieved for the DSAB.

The DSAB SAR Sub-Group will consider each referral on the basis of whether it meets the criteria for a Safeguarding Adult Review or an alternative review, the following options are available to the group:

* Referral meets the criteria for a SAR
* Referral does not meet the criteria for a SAR and no further action will be taken
* Referral does not meet the criteria for a SAR, but a discretionary SAR will be undertaken
* Referral does not meet the criteria for a SAR, but a different type of review (non-statutory) will be undertaken (multi agency audit, single agency review, multi- agency learning review)

Please submit as much information as possible to enable subgroup members to make a proportionate decision.

**Referrer:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Referral** |  | **Agency (where applicable):** |  |
| **Name:** |  | **Job Title:** |  |
| **Address:** |  | | |
| **Telephone number:** |  | **E-mail:** |  |

**Senior Manager Authorisation:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Job Title:** |  |
| **Address:** |  | | |
| **Telephone number:** |  | **E-mail:** |  |
| **Date referral authorised:** |  | **Has the agency DSAB Member (if not Senior Manager named above) been sighted on this referral?** | **YES / NO** |

**Summary of Case:**

|  |
| --- |
| **Please provide a summary of the case and circumstances that led to the referral to be shared with all Board members (to inform the information request) / Details of incident/case synopsis:** |
|  |

**Adults Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **DOB:** |  |
| **Address:** |  | | |
| **DOD (if applicable):** |  | **Date of Incident:** |  |
| **Address where death or incident took place:** |  | | |
| **Age:** |  | **Gender:** |  |
| **Ethnicity** |  | **Religion:** |  |
| **Details of GP:** |  | | |
| **Health (physical):** |  | | |
| **Health (mental):** |  | | |
| **Details of Representative / Advocate (name, DOB & relationship):** |  | | |
| **Name & contact details of investigating team (where applicable):** |  | | |
| **Other comments:** |  | | |

**Person(s) or Organisation(s) Alleged Responsible to have caused Harm or Neglect**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **DOB:** |  |
| **Address:** |  | | |
| **Relationship with adult (where applicable):** |  | | |
| **Other comments:** |  | | |

**Agencies you know to be involved:**

|  |  |
| --- | --- |
| **Agency / Professional** | **Name, Address and Telephone Number** |
|  |  |
|  |  |

**Family composition / significant others:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship to Adult** | **DOB** | **Address** | **Contact Number** |
|  |  |  |  |  |
|  |  |  |  |  |

**Reason(s) for Referral:**

|  |  |
| --- | --- |
| **Your agency involvement with the Adult:** |  |
| **Circumstances of Death / Incident:**  **(Please states dates/locations if known)** |  |
| **Please state how does this case meet the criteria for a SAR:** |  |
| **Was an adult Safeguarding Referral made?**  **(Please include details and a copy of the referral)** | **YES / NO** |
| **What learning do you think can be achieved through review of this case?** |  |
| **Has any other learning / review process already been followed (e.g. internally?)**  **(If yes, please specify the review conducted, learning identified, recommendations and actual / anticipated impact)** | **YES / NO** |
| **Any other relevant information that will help DSAB decide whether an SAR is required:** |  |

**Submit your referral form by post to:**

DSAB Independent Chair

C/O Sana Farah, DSAB Business Manager

1st Floor, The Council House

Corporation Street

Derby, DE1 2FS

**Or submit by email to:**

[DSAB@derby.gov.uk](mailto:DSAB@derby.gov.uk)

In line with the Derby SAB Information Sharing Agreement, emails containing personal, sensitive or confidential information (including attachments) must be sent through secure channels.

Both the sending and recipient email address must be secure.

Contact the DSAB Business Manager on 01332 642961 with any queries.