

**Camden Safeguarding Adults Partnership Board**

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

This SAR request form corresponds to paragraph 3.6 of the Camden SAR Framework.

Camden SAPB considers every SAR request based on whether it meets the criteria for a Safeguarding Adults Review (see section 2 of the Camden SAR Framework).

The Board needs as much information as possible to enable members to make a proportionate decision on how to respond to a SAR request, ensuring that maximum learning can be achieved if the case is accepted for a review. Please therefore complete as much information on this form as possible. If you have any questions please do not hesitate to contact the Safeguarding Board Manager at CamdenSAPB@camden.gov.uk or on **020 7974 5989**.

**Details of individual/ organisation requesting the SAR:**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Position/Designation** |  |
| **Organisation** |  |
| **Address (inc. full postcode)** |  |
| **Contact Telephone/Mobile** |  | Mobile:  |
| **Contact E-mail** |  |

|  |  |
| --- | --- |
| **Authorising Manager** |  |
| **Position/Designation** |  |
| **Contact Telephone/Mobile** |  | Mobile:  |
| **Contact email** |  |
| **Date of request** |  |

**Details of adults at risk:**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Address** |  |
| **Mosaic I. D** |  |
| **Date of birth** |  |
| **Ethnic Origin**(Please highlight) | **White** British Irishscottish Turkish/Turkish Cypriot Any other group **Asian or Asian British** Indian PakistaniBangladeshi TamilAny other group   | **Chinese or another ethnic group**Chinese Vietnamese Any other group **Arab**North AfricanMiddle EastAny other group | **Black or Black British** CaribbeanAfrican SomaliAny other group**Hispanic**MexicansDominicansCubansColumbiansAny other group |
| **Religion**(Please highlight) | Christian: □ Catholic: □ Protestant: □ Jehovah’s Witness: □ Islam: □ Judaism: □ Hindu: □ Sikh: □ Buddhist: □ Rastafarian: □ Muslim: □Prefer not to say: □ |
| **Marital Status** | Civil status: Yes □ No □ Marital status: Yes □ No □ Prefer not to say: □ |
| **Is the adult at risk a UK or EU/EEA National?** | UK: Yes □ No □ | EU: Yes □ No □ | EEA: Yes □ No □ |
| **GP Name & Address (if known)** |  |
| **Family/Next of Kin/Advocate/Representative** |  |
| **Health and/ or other presenting needs:** |  |

**Details of person/ organisation alleged responsible for harm:**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Address** |  |
| **Date of birth** |  | **Date of death: (if applicable)** | \_\_\_/\_\_\_/\_\_\_\_\_\_ |
| **GP Name & Address (if known)** |  |
| **Relationship to adults at risk** |  |
| **Health and/or other presenting needs:** |  |

**Details of SAR request:**

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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 (see section 2, Camden SAR Framework)**  |
|  |
| **Do you believe a statutory SAR is required in response to this case?** | **Yes** | □ | **No** | □ |
| **What learning do you think can be achieved through a review of this case?** |
|   |
|  |
| **Has any other learning/ review process already been followed (e.g. internally)?** | **Yes** | □ | **No** | □ |
| **If yes, please specify the review conducted, the learning identified, how it was disseminated and impact** |
|   |
|  |
| **List of individuals and their agencies/ service providers known to be involved in the case** |
|   |
|  |
| **Any other relevant information that will help Camden SAPB decide whether a SAR is required** |
|   |

To protect personal/ sensitive data this form **must** only be sent by secure email.

**This form must be sent by secure email to** CamdenSAPB@camden.gov.uk

Contact the Safeguarding Board Manager on 020 7974 5989 with any queries.