**Form A: REFERRAL NOTICE**

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| **REFERRAL INFORMATION** | |
| **Name of person making the referral:** |  |
| **Name of your Agency:** |  |
| **Job title:** |  |
| **Your email:** |  |
| **Your address:** |  |
| **Your telephone number:** |  |
| **Date of referral:** |  |
| **IDENTIFYING INFORMATION** | |
| **Name of person(s) being referred:** |  |
| **Date of birth(s)** |  |
| **Age at time of incident or death:** |  |
| **Date of incident or issues (please give time range if more appropriate)** |  |
| **Date of death** [if applicable] |  |
| **Gender:** |  |
| **Ethnicity:** |  |
| **Housing situation:** *please give details on type of housing and name of provider if there is one* |  |

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| **SUBMISSION DETAILS** |
| **Email to** sab@richmondandwandsworth.gov.uk |

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| **REASON FOR REFERRAL**  **(Do not exceed 2 sides of A4 text)** |
| The **purpose** of a SAR is clearly defined in the Care Act 2014. It is to promote effective learning and improvement actions to prevent future deaths or serious harm occurring again. The aim is that lessons can be learnt for the case and applied to future cases to prevent similar harm re-occurring. The purpose is **NOT** to hold any individual or organisation to account. |
| **Why are you referring this case for Safeguarding Adult Review?** *In making your referral for Safeguarding Adult Review, you should consult the local policy, setting out your reasons as to why the criteria is met – please tick the appropriate boxes below.*  *The criteria you should consider are:*  An adult in its area dies as a result of abuse or neglect  **AND**  there is concern that partner agencies could have worked more effectively to protect the adult  **OR**  Where an adult is still alive but has experienced serious abuse or neglect;  The criteria above are not met but the referrer believes there is value in doing a review for learning, which can be applied to future cases.  **Please include details of any safeguarding meetings held, and names of Social Workers or Safeguarding Adults Managers or others involved in the case.** |
| **Case summary**  *[Insert your summary of the case, highlighting why you are referring this case. As far as is possible, ensure all involved agencies’ activities are included in your summary. Try to write no more than one A4 page]* |
| **Agencies and persons involved**  [*Please provide detailed information about agencies and professionals involved in the case, and any parallel processes and meetings already happening.]* |
| **Main family contact**  *[please include full names, full postal address, email address and other contact details known for the main family contact for the case]*  Names:  Postal address:      Email address:  Phone number: |

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| **PARALLEL PROCESSES**  *Have any other processes commenced which are looking at this case* ***and/or*** *are you aware of any that may likely to be instigated. Please tick the relevant boxes, and where another process has started or is likely to start, please give details below*  **Please tick as applicable:** | | | | |
| **Process** | **Commenced** | | **Planned** | |
| **Yes** | **No** | **Yes** | **No** |
| Section 42 Adult Safeguarding Enquiry |  |  |  |  |
| Criminal Investigation |  |  |  |  |
| Domestic Homicide Review (DHR) |  |  |  |  |
| Mental Health Homicide Review (MHHR) |  |  |  |  |
| Serious Incident (SI) |  |  |  |  |
| Coroner’s Inquest |  |  |  |  |
| Serious Case Review (Children) |  |  |  |  |
| Other |  |  |  |  |
| ‘Other’ – please state: | | | | |
| **Lead contact for each of the processes identified above** *[where known]* | | | | |