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**Safeguarding Adults Review Request Form**

Croydon Safeguarding Adult Board considers every SAR request against the criteria [please see section 4 of the SAR Framework or the SAR 7 minute briefing].

The SAR Sub Group requires as much information as possible to enable members to make a proportionate decision as to how to respond to a SAR request, ensuring, if the case is accepted for a review, that maximum learning can be achieved. Please complete the form below providing relevant information which will assist the decision making.

1. **Details of adult at risk:**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Date of birth** |  |
| **Date of death (if applicable)** |  |
| **Ethnicity** |  |
| **GP (if known)** |  |
| **Family/ next of kin/ advocate/ representative** |  |

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

|  |  |
| --- | --- |
| **Date of Request** |  |
| **Name** |  |
| **Position/ designation** |  |
| **Organisation** |  |
| **Address** |  |
| **Contact telephone** |  |
| **Contact email** |  |

|  |  |
| --- | --- |
| **Authorising manager** |  |
| **Position/ designation** |  |
| **Contact telephone** |  |
| **Contact email** |  |

1. **Details of the Case**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Brief summary of concerns which triggered this request:** | | | | |
| 1. **Chronology of Events**  |  |  |  | | --- | --- | --- | | **Date** | **Activity/Action** | **Who** | | *An example:*  *December 2016* | *Concerns raised via email due to non engagement* | *Utilities Company* | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **Any other relevant information**: | | |   **5. Why should this be a SAR?** | | | | |
| 1. **Reason:** 2. **Lessons to be learned:** 3. **Agencies involved:** | | | | |
| **Do you believe a statutory SAR is required in response to this case?** | **Yes** |  | **No** |  |
|  | | | | |
|  | | | | |
|  | | | | |
| **Has any other learning/ review process taken place or commenced? Eg IMRs, SI’s etc** | **Yes** |  | **No** |  |
| **If yes, please specify process, learning identified, how it was disseminated and impact** | | | | |
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**Please submit your form via secure email to** [**csab@croydon.gov.uk**](mailto:csab@croydon.gov.uk)