****

**Appendix.2**

**SAR**

**REFERRAL FORM (SAR Form A)**

**Please** **provide** **as** **much** **detail** **to Warwickshire Safeguarding** **as** **possible** **to** **enable** **the Safeguarding Reviews** **Subgroup** **to** **agree** **an** **appropriate** **and** **proportionate** **response** **to** **the** **referral.**

**Please** **share** **this** **referral** **with** **your** **organisational** **Safeguarding** **Lead** **prior to** **submission** **to** **ensure** **that** **internal** **governance** **has** **been** **applied.**

**If** **you** **have** **any** **questions,** **please** **contact** **Warwickshire Safeguarding Business** **Manager** via email: WSAB@warwickshire.gov.uk

***(Electronic versions preferred)***

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| 1. Referrers Details
 |
| **Date of Referral** |  |
| **Name of Referrer** |  |
| **Designation** |  |
| **Organisation** |  |
| **Address** |  |
| **Tel. No** |  |
| **Secure Email Address** |  |

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| 1. Details of Adult
 |
| **Full Name(s)** |  | **Gender** | M / F |
| **Date of Birth** |  |
| **Date of Death** *(if appropriate)* |  |
| **Address** |  |
| **Ethnicity** |  |
| **Faith/Religion** |  |
| **Disability** |  |
| **Next of Kin** |  |
| **Contact Details** *(inc tel no)* |  |
| **Name and contact details of any formal/informal carers for the adult** |  |
| **Details of any Dependents** |  |

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| 1. Other Organisations / Service Providers Involved *(If known)*
 |
| **Organisation** | **Contact Person** | **Tel. No** | **Email** |
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| 1. Details of Adult Death / Serious Incident
 |
| Please provide as much detail as possible, including the location / address where alleged incident or incidents occurred.  |

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| **5**. Please state why you think this case may meet criteria for a SAR  |
| Please state which of the following Care Act s44 criteria does this case meet? Tick all that apply. Please see Warwickshire Safeguarding SAR guidance for further information: <https://www.safeguardingwarwickshire.co.uk> [ ]  The adult has needs for care and support (whether or not the local authority has been meeting any of those needs)  [ ]  There is reasonable cause for concern about how the Safeguarding Adult Board,  members of it or other persons with relevant functions worked together to safeguard the adult  [ ]  The adult has died and you know or suspect that the death resulted from abuse or  neglect (whether or not it knew about or suspected the abuse or neglect before the  adult died) [ ]  The adult is still alive and you know or suspect that the adult has experienced serious abuse or neglect   **Further information:**  |

|  |  |
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| 1. Is there a legal case pending?
 | Y / N / Don’t Know |
| 1. Is this case undergoing a Police investigation?
 | Y / N / Don’t Know |
| 1. Is the case awaiting a Coroner’s Inquest?
 | Y / N / Don’t Know |

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| 1. Your Manager’s Details
 |
| **Full Name(s)** |  |
| **Job Title** |  |
| **Organisation** |  |
| **Address** |  |
| **Secure Email Address** |  |
| **Tel.No** |  |

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| 1. Where to send this form
 |
| Please return this completed form to:**WSAB@warwickshire.gov.uk**and title your email ‘***SENSITIVE: SAR referral F.A.O Warwickshire Safeguarding Business Manager’*****This form must only be sent by secure email.** Please contact Warwickshire Safeguarding Business Team at WSAB@warwickshire.gov.uk for advice if you do not have access to secure email. |

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| FOR WARWICKSHIRE SAFEGUARDING OFFICE USE ONLY |
| **Date referral received by Warwickshire Safeguarding** |  |
| **Date referred to Safeguarding Review Subgroup Chair** |  |