



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)

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

2. Details of Adult			
Full Name(s)		Gender	M / F
Date of Birth			
Date of Death <i>(if appropriate)</i>			
Address			
Ethnicity			
Next of Kin			
Contact Details <i>(inc tel no)</i>			
Name and contact details of any formal/informal carers for the adult			
Details of any Dependents			

3. Other Organisations / Service Providers Involved <i>(If known)</i>			
Organisation	Contact Person	Tel. No	Email

4. Details of Adult Death / Serious Incident
Please provide as much detail as possible, including the location / address where alleged incident or incidents occurred.

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
<input type="checkbox"/> The adult has needs for care and support (whether or not the local authority has been meeting any of those needs)
<input type="checkbox"/> 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
<input type="checkbox"/> 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)
<input type="checkbox"/> The adult is still alive and you know or suspect that the adult has experienced serious abuse or neglect
Further information:

6. Is there a legal case pending?	Y / N / Don't Know
7. Is this case undergoing a Police investigation?	Y / N / Don't Know
8. Is the case awaiting a Coroner's Inquest?	Y / N / Don't Know

9. Your Manager's Details	
Full Name(s)	
Job Title	

Organisation	
Address	
Secure Email Address	
Tel.No	

10. 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.

FOR WARWICKSHIRE SAFEGUARDING OFFICE USE ONLY

Date referral received by Warwickshire Safeguarding	
Date referred to Safeguarding Review Subgroup Chair	