The information included on this form is **confidential** and will only be shared in in accordance with the Teeswide Safeguarding Adults Board Information Sharing Protocol and in the best interests of the adult/adult’s family.

A Safeguarding Adult Review (SAR) will only be considered if the case meets one or more of the following criteria. **(To select, double click on the box and select ‘checked’).**

|  |  |  |
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| **1.** | There is reasonable cause for concern about how the Teeswide Safeguarding Adults Board, its members or organisations worked together to safeguard this adult. | [ ]  |
| **2.** | The adult died and the Teeswide Safeguarding Adults Board knows/suspects this was as a result of abuse or neglect. | [ ]  |
| **3.** | The adult is still alive but the Teeswide Safeguarding Adults Board knows or suspects the adult has experienced serious abuse/neglect, sustained potentially life threatening injury, serious sexual abuse or serious/permanent impairment of health or development. | [ ]  |

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| **SECTION 1: ABOUT THE ADULT** |
| Full Name |       | DOB |       | Gender |       |
| Address |       | Post Code |       |
| Date of Serious Incident |       | Date of Death(if applicable) |       |
| Was a Mental Capacity Assessment undertaken? Yes [ ]  No [ ]  |
| If ‘**yes**’, what was the outcome? |
|       |
| If ‘**no**’, please provide further details |
|       |
| Does/did the Adult have care and support needs? Yes [ ]  No [ ]  |
| Ethnicity | Choose an item. |
| **Main** type of abuse/neglect identified: | Choose an item. |
| **Other** types of abuse/neglect identified (please tick as appropriate): |
| Discriminatory | Domestic Violence | Financial | Modern Slavery | Neglect |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Organisational | Physical | Self-Neglect | Psychological | Sexual |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **SECTION 2: ADULT’S REPRESENTATIVE** (Details of who should be contacted if a SAR is agreed) |
| **Contact 1** |
| Full Name |       | Gender |       |
| Relationship to Adult |       |
| Address |       | Post Code |       |
| Telephone Number |       |
| **Contact 2** |
| Full Name |       | Gender |       |
| Relationship to Adult |       |
| Address |       | Post Code |       |
| Telephone Number |       |

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| **SECTION 3: ABOUT THE PERSON COMPLETING THE FORM** |
| Full Name |       | Job Title |       |
| Organisation |       | Relationship to Adult |       |
| Address |       | Post Code |       |
| Email |       | Telephone Number |       |

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| **SECTION 4: OTHER AGENCIES INVOLVED** |
| Full Name | Address | Tel. Number | Email | Relationship to Adult |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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| **SECTION 5: DETAILS OF THE CASE** |
| (This should include a clear factual outline of the concerns being raised with details of times, dates, people and places whenever possible. This will enable the SAR Recommendation Panel to make an informed decision on whether this meets the criteria for a Safeguarding Adult Review) |
| **Background Information** |
|       |
| **Date** | **Who was Involved?** | **What Happened?\*** |
|       |       |       |

\*please add additional rows if necessary

|  |
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| What prompted you to make this Notification and why? |
|       |
| Why do you feel that this case meets the criteria for a Safeguarding Adult Review? |
|       |

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| **SECTION 6: ANY OTHER REVIEWS PENDING OR COMPLETED**(e.g. Serious Incidents, MAPPA, Domestic Homicide, Single Agency/Management Reviews, Children’s Serious Case Reviews) |
|       |

**If your organisation is a member of the Teeswide Safeguarding Adults Board, please ensure that the representative is informed of this Notification.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature**  |  | Date |       |

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| **Admin Use Only** |
| Notification Received: |       |
| Recorded By: |       |