|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Rochdale Borough Safeguarding Adult Board**  **SAR Referral Form\*** | | | | | | |
| **Name and title of person completing this referral document** | | | | **AGENCY/Safeguarding Lead & Contact email:** | | |
|  | | | |  | | |
| **SUBJECT of this referral** | | | | | | |
| **Name** | **DoB/DoD** | **Address –** *please include previous address if in a care home* | | | **Ethnicity** | **NHS Number/Name of GP** |
|  |  |  | | |  |  |
| **Other household members/related persons including Next of Kin if known** | | | | | | |
| **Name** | **DOB** | **Address** | | | **Ethnicity** | **Relationship to subject** |
|  |  |  | | |  |  |
|  |  |  | | |  |  |
|  |  |  | | |  |  |
|  |  |  | | |  |  |
| **Has Next of Kin/family been informed of this referral?** | | | | **Has this referral has been signed off by your agency safeguarding lead?** | | |
| **YES / NO** | | | | **YES / NO** | | |
| **Other agencies known/understood to be involved** | | | | | | |
| **Agency** inc contact email | | | **Service you understand is/was being provided by that agency.** | | | |
|  | | |  | | | |
|  | | |  | | | |
|  | | |  | | | |

|  |  |
| --- | --- |
| **Please indicate how the case meets statutory SAR criteria** | **Please tick all that apply** |
| An adult at risk has died as a result of abuse, neglect, or harassment, whether known or suspected, and there is a concern that partner agencies could have worked more effectively to protect the adult. |  |
| An adult with needs for care and support, has not died, it is known or suspected that the adult has experienced serious abuse or neglect, and there is concern that partner agencies could have worked more effectively to protect the adult. |  |
| An adult at risk is confirmed or suspected of being abused or neglected ***and*** the case is likely to be of public concern. This may include incidents of serious abuse or neglect within an institution, or agency providing services to adults at risk or where multiple abusers or victims are identified. |  |

**Consent / Mental Capacity**

|  |  |
| --- | --- |
| Is the subject alive? | Yes/No |
| If yes, please confirm the subject has been informed of this referral.  If not, why has the subject not been informed?  *Please note it is expected that the subject will always be informed, exceptional circumstances should be discussed with the RBSB Business Unit.* | Please confirm below: |
| In your professional opinion, does the subject have capacity to take part in the SAR process? | Yes/No  N/A |

**Characteristics of case (Please tick)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Physical Abuse |  | Financial or material abuse |  | Neglect or acts of omission |  |
| Domestic Abuse |  | Modern slavery |  | Self-neglect |  |
| Sexual Abuse |  | Discriminatory abuse |  | Other – please state below |  |
| Psychological or emotional abuse |  | Organisational or institutional abuse |  |

|  |
| --- |
| **Case Summary of Safeguarding Concerns** |
| ***(200 words max: narrative, no chronologies)*** |
| **Summary of Services Provided by your Agency** |
| * *Bullet points only* |
| **Other information for consideration by the screening panel** |
| *No more than 100 words* |

**On completion – please submit to** [**rbsb.admin@rochdale.gov.uk**](mailto:rbsb.admin@rochdale.gov.uk)

**\***refer to website[Rochdale Safeguarding Partnership Board - Safeguarding Adult Reviews and Audits](https://www.rochdalesafeguarding.com/p/about-us/safeguarding-adult-reviews) for further help and support to complete this form