Appendix 1

Safeguarding Adults Review Form (SAR1)

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| REFERRER |
| Name |  |
| Title |  |
| Agency |  |
| Address |  |
| Telephone Number |  |
| Email (gcsx) |  |
| SENIOR MANAGER AUTHORISATION |
| Name |  |
| Title |  |
| Agency |  |
| Address |  |
| Telephone Number |  |
| Email (gcsx) |  |
| Date referral authorised |  |

|  |
| --- |
| DETAILS OF ADULT CONCERNED |
| Name |  |
| Date of birth |  |
| Date of death (if applicable) |  |
| Address |  |
| Health (physical) |  |
| Health (mental) |  |
| Agencies involved and principal contact. |  |

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| STATUTORY CRITERIA  |
| Is there reasonable cause for concern about how the safeguarding adults board, members of it or other persons with relevant functions worked together to safeguard the adult. | * Set out details of concerns around working together
* Which members or persons of the SAB
 |
| Is either condition 1 or 2 met: | Yes / No  |
| Condition 1:The adult has died, and the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).Condition 2:The adult is still alive, and the SAB knows or suspects that the adult has experienced serious abuse or neglect. | Set out details of case |
| Potential for learning |  |
| Any other relevant information  |  |