



# Suffolk Safeguarding Adults Board

**When complete please email to [SABChair@suffolk.gcsx.gov.uk](mailto:SABChair@suffolk.gcsx.gov.uk)**

## **SARAP Referral Form**

**The submission of this form should not prevent immediate learning and action for any agency.**

**The key purpose of a safeguarding adults review is to enable lessons to be learnt from serious incidents or injury, and to identify what needs to change in order to reduce the risk of such incidents happening in the future.**

Cases should be referred to the Safeguarding Adults Review Advisory Panel (SARAP) for consideration, if an adult at risk of abuse or neglect has died or been seriously harmed and abuse or neglect are believed to have been a factor. This form can be completed by any professional who has become aware of a case where the above criteria is met

## **REVIEW RECOMMENDATION OPTIONS**

Where the criteria is **NOT met**, SARAP has the following four options:

- ii) No further action under safeguarding protocols
- iii) A review primarily involving a case file audit, where this is reasonable and proportionate.
- iv) A management review (within one or more organisations)
- v) A discretionary Safeguarding Adults Review

*All information provided should adhere to information sharing protocols and have due regard to the Mental Capacity Act and Best Interest decision protocols. Please note there is a statutory duty in Section 45 of the Care Act 2014 for agencies to share relevant personal data with the Safeguarding Adults Board.*



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## Referrers details

<b>Date of Referral:</b>	
<b>Referrer's Name:</b>	
<b>Referrer's Role:</b>	
<b>Referrer's Organisation / Agency (full contact details):</b>	
<b>Referrer's Telephone:</b>	
<b>Referrer's Email:</b>	

<b>Adult's Last Name:</b>		
<b>Adult's Forename(s):</b>		
<b>Date of Birth:</b>		<b>Ethnicity</b>
<b>Gender: (MALE/FEMALE)</b>		<b>Age</b>
<b>Adult's address:</b>		
<b>Carer's Name: (if appropriate)</b>		
<b>Carer's Contact details: (if appropriate)</b>		
<b>Name of GP:</b>		



## Suffolk Safeguarding Adults Board

<b>Other Professionals / Organisations known to be providing a service</b>	<b>Contact Details:</b>
1.	
2.	
3.	
4.	

*Please identify the type(s) of abuse relating to this case below (more than one may apply).*

<b>Physical abuse</b>	<b>Modern slavery</b>
<b>Domestic violence</b>	<b>Discriminatory abuse</b>
<b>Sexual abuse</b>	<b>Organisational abuse</b>
<b>Psychological abuse</b>	<b>Neglect and acts of omission</b>
<b>Financial or material abuse</b>	<b>Self-neglect</b>

**Date(s) of Incident:**

**Date of Death of the adult (if applicable / different):**

**Residence of the adult (at time of Incident):**

**Details of the concern and/or incident:**



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**Please use the space below to provide any further information to support the decision to commission a review**



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