**Safeguarding Adults Review Committee –**

**Case Discussion Form**

**(Sharing of Intelligence and Learning)**

**PART A – Referral**

Please complete as fully as possible after discussion with your agency’s SAB representative who will submit to the SARC chair. If your agency does not have a SAB representative please discuss with the LA SAB representative.

|  |  |
| --- | --- |
| **Referrer Details** |  |
| Name |  |
| Job Title |  |
| Organisation |  |
| Contact details |  |

|  |  |
| --- | --- |
| **Date of Referral** |  |

|  |  |
| --- | --- |
| **Details of Adult**  |  |
| Name |  |
| Address |  |
| Date of birth |  |
| Date of death (if applicable) |  |
| Ethnicity |  |
| Name and address of GP |  |
| Relevant family members |  |
| Agencies Involved |  |
| Case information | ***Brief details of case*** ***Key discussion points and identification of learning******Any other relevant information or comments*** |

**PART B – SARC consideration and decision**

|  |  |
| --- | --- |
| **Date of Meeting** |  |
| **Agencies Present** |  |
| **Information Reviewed** |  |
| **Summary of Discussion** |  |
| **Recommendation** |  |
| **Further Actions** |  |

|  |  |
| --- | --- |
| **Name (SARC Chair)** |  |
| **Date** |  |
| **Signature** |  |

**PART C – SAB Independent Chair Review *(If applicable)***

|  |  |
| --- | --- |
| **I endorse the recommendation from the SARC** |  |
| **Further information/ clarification is required (refer back to SARC)** |  |

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| **Comments** |

|  |  |
| --- | --- |
| **Name (SAB Chair)** |  |
| **Date** |  |
| **Signature** |  |