**Request for Information**

**Organisation Name**: [INSERT NAME]

**Forename and Surname**: [INSERT YOUR NAME]

**Contact Details** [Email & Telephone]: [INSERT EMAIL ADDRESS AND NUMBER]

**Date**: [INSERT DATE]

Your Organisation has been identified as potentially having had contact with the adult(s) below. Please could you:

**1.** Check your Organisation’s records to see if you’ve had contact with (**insert name & timescale of focus**)   
**2**. Complete the below template.   
**3.** Keep your Organisation’s submission in relation to this request separate from the case files.   
**4.** Return the completed template by (**insert date**).

If your Organisation **does not** have a record of involvement;

Respond by (**insert date**) stating that your Organisation did not have any involvement. If your Organisation did have contact, but it was outside the timescale specified, please state this in your response.

All responses should be returned to [RSAB@rotherham.gov.uk](mailto:RSAB@rotherham.gov.uk) with [**insert name**] as the subject line.

If you have any further questions or queries about the completion of the information request form, please contact: Rotherham Safeguarding Adults Board [RSAB@rotherham.gov.uk](mailto:RSAB@rotherham.gov.uk).

**Safeguarding Adult Review Information Request Form**

**Name of Individual**   
Please state the name of the individual you are completing this form in relation to

**Declaration of Contact**   
Has the named Organisation (above) had contact with [**Insert Name**]? **Yes/No** (*Please delete as necessary*)

If you answered *No*, you **do not** need to complete further sections and should return the form to [RSAB@rotherham.gov.uk](mailto:RSAB@rotherham.gov.uk)   
  
If you answered *Yes*, please complete the remainder of this form.

**Information and Involvement Received from Referrer**Please summarise in a paragraph or two, how your organisation has been involved with [**insert name**]. Give a brief description of the nature and frequency of your involvement, including any assessments and/or referrals and include dates.

**Enquiry and Review**   
Please summarise any details of any enquiry and/or review within your organisation with [**insert name**]. To include any outcomes if available.

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| **If the referred case meets the criteria for a Safeguarding Adult Review, further information will be requested including a chronology of involvement by your organisation or agency.** |

**Safeguarding Adult Review (SAR)**The Care Act 2014 imposes a duty on local authorities to establish a SAB and under section 44 of the Act; such Boards are required to make the arrangements necessary to undertake an SAR in certain circumstances.

**1.** A SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the Local Authority has been meeting any of those needs) if  
**a)** there is reasonable cause for concern about how the SAB, members of it or other person with relevant functions worked together to safeguard the adult, and;   
**b)** condition 1 or 2 is met.

**2**. Condition 1 is met if   
**a)** the adult has died, and   
**b)** 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)

**3.** Condition 2 is met if   
**a)** the adult is still alive, and   
**b)** the SAB knows or suspects that the adult has experienced serious abuse or neglect.

**4.**  Each member of the SAB must co-operate in and contribute to the carrying out of a review under this section with a view   
a) to identify the lessons to be learnt from the adults case, and   
b) to apply those lessons to future cases.