



OLDHAM SAFEGUARDING ADULTS BOARD

SAFEGUARDING ADULT REVIEW SUB GROUP: REFERRAL FORM

To be submitted to: OldhamSafeguardingAdultsBoard@oldham.gov.uk
You will receive e-mail confirmation of receipt of your referral within 5 working days

Section 1: Referrer Details

Date of Referral:	
Referrer's Name:	
Agency:	
Address:	
Email:	
Tel:	

Section 2: Information about the Index Adult

Forename(s):		Date of Birth:	
Surname:		Gender:	

Address	

Ethnicity					
White		Black or Black British		Other Ethnic Groups	
British		Caribbean		Chinese	
Irish		African		African	
Other		Other Black Background		Any Other Ethnic Group	
Mixed		Asian/Asian British			
White & Black Caribbean		Indian		Not Stated	
White & Black African		Pakistani			
White & Asian		Bangladeshi			
Any Other Mixed		Any Other Asian			

Religion:	
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Does the individual require an advocate?	
Does the individual have Care and Support Needs/Significant Medical Information?	

Residential Status at Time of Incident					
At Home:		With Relatives:		At Home with Support:	
Residential Home:		Nursing Home:		Hospital:	
Other (Please specify):					

Please list the agencies/services known to be involved with the person:	
Please provide brief detail any other proceedings or investigations that you are aware of relating to this person:	

Section 3: Family Composition

Name	Date of Birth	Relationship To index adult	Address

Section 4: Details of the Incident/Death

Type of Incident			
Death:		Serious Injury/Abuse:	

Date of Incident:	
Date of Death:	
Incident Information:	
Information about other relevant parties i.e. carers, other individuals or family members:	
Background Information/Context to situation/Environment:	