



**Safeguarding
is everybody's
business**

Appendix 4

This form should be e-mailed or posted marked as **confidential** to the individual/agency who

Template 2 – Decision record of the Safeguarding Adults Review group

sent the referral (as shown on template 1) with a brief cover letter if necessary.

Referral recommendation & Decision record

Name of adult(s)

DOB:

Referral received from:

Date referral received:

Date referral considered by sub-group:

Date the Chair of the SAB informed:

Recommendation and reasoning to include which type of review is being recommended (use additional sheets as required):