Appendix 2



**Referral Form for Serious Incident Review Group Consideration of a Case Review**

**Referrers’ Details**

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| --- | --- | --- | --- |
| **Name:** | **Designation:** | **Agency:** | **Contact Details (email, address and telephone number)** |
|  |  |  |  |

**Subject Person(s) Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Date of incident** | **Gender** | **Ethnicity** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Current Address** |  | | | | |
| **Previous Address /es** |  | | | | |

**Family and Significant Others**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to subject person:** | **DOB:** | **Address:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Known Service Provision (subject and family/carers) – please note that this includes local and out of authority services**

Children’s Social Care  Adult Social Care

Police

GP

Housing  Education

Specify Service(s) Inclusion Services

Community Health Services  Acute Health Service

St. Helens & Knowsley

Hospital

North West Ambulance Service

Mental Health Service  Drug/Alcohol Services

Specify Service(s) Specify Service(s)

National Probation Service  Voluntary/3rd Sector Specify Service(s)

Community Rehabilitation Company  Other (Specify)

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| --- |
| **Please outline the circumstances of the incident (death, serious injury, referral to protective services). Include in this section detail of any internal review or single agency investigation being undertaken as a result of the incident.** |
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| **Please outline a brief chronological explanation of your agency’s involvement with the subject, parents/carers and significant others. Please include your agency’s involvement/ lack of involvement with other relevant agencies in relation to the service provision/events. Please set out the facts by person and then chronological order.** |
|  |

COMPLETED REFERRAL FORMS TO BE EMAILED TO:

[Carly.gebhardt@knowsley.gcsx.gov.uk](mailto:Carly.gebhardt@knowsley.gcsx.gov.uk)

**Decision of the Serious Incident Review Group** (for completion by Knowsley LSCB Business Manager)

Serious Case Review

Management Review

Individual Agency Internal Review

Other as defined by Knowsley Learning and Improvement Framework

|  |
| --- |
| **Date of meeting/discussion:**  **Decision:**  **Reasons for decision:** |