



Barnsley Safeguarding Adults Review/Learning Review – Approval form from individual organisations involved in the review

DETAILS OF PERSON COMPLETING THE FORM

1. Name

2. Job title

3. Organisation

SAR Report Confirmation

4. Are you satisfied with the report that the independent author completed and shared?

Yes

No

5. Has the report been discussed with senior members of your partner organisation?

Yes

No

6. Are you happy to implement the recommendations stated in the report?

Yes

No

7. If no, please state your concerns around the report's recommendation?

8. Please provide the name and job title of the senior individual in your organisation who has authorised the sign-off of the report.

9. Do you wish to share any feedback to the SAB and to the independent Author in regard to this review?

