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**Request for Information to Allow Consideration to be Given to the need for an Adult Protection Learning Review**

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| This request for information follows a referral for consideration to be given to the need for a Learning Review in relation to the adult named below.* Please respond within 2 weeks, returning the completed form to HAPC Admin - nhsh.hapcadmin@nhs.scot
* Please provide a brief account of your agency’s contact with the adult named below, and provide your reflections on the key practice issues listed.

Enter name & return address of person initiating the request for information Enter date of request |
| Name of adult |  |
| Date of birth |  |
| Date of death (if applicable) |  |
| Adult’s address |  |
| Brief details of the immediate precipitating factors leading to the referral for consideration of a Learning Review |
| …to be completed by the person initiating this request for information… |

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| **Summary of involvement with the adult:** |
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| **Background history:** |
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| **Key practice issues:**Please provide information on:* Recognition and assessment of Risk and need in relation to the adult
* Information sharing in this case
* Strategies and actions to minimise harm
* Timely and effective action taken
* Multi-agency responses
* Evidence of planning and reviewing
* Quality of record keeping
* Appropriate use of legal measures
* Any good practice identified
* Any areas identified for practice improvement
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| **Parallel processes** |
| Are you aware of any current or planned reviews being undertaken for this case?If yes, please give details. |  |
| Are you aware of any criminal proceedings associated with this case?If yes, please give details. |  |

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| **Report completed by:** |
| Name: |  |
| Title: |  |
| Agency: |  |
| Email address: |  |
| Date: |  |