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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](mailto: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: |  |