

Referral Form for Multi-Agency Learning Forum (MALF):



Date of Referral:

Person making Referral:

Date for Multi-Agency Learning Forum presentation:

1. What type of Review took place (choose all that apply) –

- Safeguarding Adult Review (SAR)
- Serious Care Review (SCR)
- Domestic Homicide Review (DHR)
- Local Learning Review (LLR)
- Serious Incident Review (SI)
- Other _____

Name of Review: _____

Date Published or due to be published: _____

2. Reason why Multi-Agency Learning Forum would benefit from this as a shared learning (choose all that apply) –

- Crosses Adult, Children, and Community safeguarding and/or safety concerns
- Reviewer identified Learning that crosses Adult, Children, and/or Community services
- Board has recommended actions be taken jointly across Adult, Children, and/or Community services
- Other: _____

3. Categories of abuse identified in the Review (choose all that apply):

- Domestic Abuse
- Modern Slavery
- Physical Abuse
- Sexual Abuse
- Neglect
- Self-Neglect
- Financial Abuse
- Organisational Abuse
- Psychological Abuse

4. To be completed at MALF: Decision on next steps and agreements, Discussion key points -

By Whom: _____

By When: _____

Date agreed: _____

Review date (if appropriate): _____