

Adult Safeguarding Unit Internal Review Application Form

Under Section 38 of the *Ageing and Adult Safeguarding Act 1995*

Details of the Applicant

Surname: _____ Given Names: _____

Postal Address: _____

Suburb: _____ Post Code: _____

Email (Optional): _____

Contact phone number: _____

Details of Internal Review

I am not satisfied with a decision made by the Adult Safeguarding Unit

Please tick the box that most accurately reflects the decision you wish to have reviewed pursuant to section 38 of the *Ageing and Adult Safeguarding Act 1995*

the decision to refer to a state authority, person or body

the decision to investigate the circumstances of the adult considered vulnerable

the decision to take no further action

the decision to take action without first obtaining the consent of the adult considered vulnerable

other decision - please detail

Comments

Please provide any additional comments you wish to be considered in the review of the decision:

Applicants Signature: _____ **Date** _____

To submit your form:

- If using a web-based e-mail account such as G-Mail or Hotmail, you will need to submit your form manually. Save the completed form to your computer, then open your e-mail account, create a new e-mail, attach the saved form and send it to HealthCE@sa.gov.au
- If using an e-mail program such as Outlook, press the submit button.

SUBMIT

Office Use Only

Received on / / 20.....

Acknowledgment sent on / / 20.....