Adult Safeguarding Unit

Internal Review Application Form

Government of South Australia

human services

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

If you are aggrieved by a relevant decision of the Director of the Office for Ageing Well or Adult Safeguarding Unit under Part 4 of the *Ageing and Adult Safeguarding Act 1995* (a reviewable decision), you may use this form to request an internal review of the decision.

You must submit the application form within 30 calendar days of being provided with notice of the decision (unless the Chief Executive or their delegate approves a longer period). The decision notice and/or related correspondence should be attached to this application form where it is available.

If your concern does not relate to a reviewable decision, but you would like it formally considered, please submit a complaint in writing by emailing ofawfeedback@sa.gov.au. For more information, visit dhs.sa.gov.au/complaints-and-feedback-adult-safeguarding-unit

Communications and support needs
(please tell us if you need an interpreter, communication support, assistance to complete the form, or adjustments so you can participate in the review process)

Applicant details

First name **Last name**

Postal address

Suburb **Postcode**

Email **Phone**

Adult Safeguarding Unit matter / reference number (if known)

Applicant type

☐ **Relevant adult** (a person aged 18 or older who may be vulnerable to abuse and is the subject of a decision made by the Unit)

☐ **Other** (please detail)

Relationship to relevant adult (where applicable) ☐ **Family member** ☐ **Carer**

☐ **Guardian/administrator** ☐ **Attorney/substitute decision-maker**

☐ **Service provider** ☐ **Other**

Preferred contact method ☐ **Phone** ☐ **Email** ☐ **Post**

☐ **Through representative/support person**
(please provide name and contact details)

Relevant adult details (to be completed if the relevant adult is not the applicant)

First name | Last name

Date of birth or approximate age

Contact details / address

Is the relevant adult aware of this application? ☐ Yes ☐ No ☐ Unsure

If no or unsure, please explain if it is safe and appropriate to contact the relevant adult

Decision you would like reviewed

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

Decision notice details

Date you received notice of the decision

Name/position of decision-maker (if known)

Please attach copy of the decision notice or related correspondence if available.

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

☐ **The decision to undertake a safeguarding response** (section 27)

☐ **The decision to monitor a safeguarding response** (section 27)

☐ **The decision to refer a matter to a law enforcement agency, regulatory agency or complaints body** (section 24)

☐ **The decision to investigate a relevant adult's circumstances to support potential proceedings or an application to the South Australian Civil and Administrative Tribunal** (Section 25)

☐ **The decision to provide information, education or advice** (section 23)

☐ **The decision to take no further action following an assessment** (section 23)

☐ **The decision to act without first obtaining the consent of the relevant adult** (section 28)

☐ **Other decision** (please detail)

Time period (complete if applicable)

An application for an internal review must be made within 30 calendar days of the applicant being given notice of the decision unless the Chief Executive or their delegate allow a longer period.

If more than 30 calendar days has elapsed, describe why the review period should be extended

Additional information

Please describe how you are affected (aggrieved) by the decision and the reasons you want the decision reviewed

Please describe the outcome you are seeking (whether you are asking for the decision to be varied or reversed, and what action you would like taken and why)

Please provide any additional information (relevant information or additional comments you think may assist the review. Please list any documents you have attached to your application)

Supporting documents checklist (where available and applicable)

- ☐ **Decision notice**
- ☐ **Relevant correspondence**
- ☐ **Authority to act/consent, if applying on behalf of someone else**
- ☐ **Evidence supporting extension of time**
- ☐ **Other documents**

Declaration

I declare that, to the best of my knowledge, the information provided in this application and supporting documentation is true and correct.

Applicant signature

Date

Form submission

To submit your completed application for internal review form, return it to DHS by:

Email DHS.CEOffice@sa.gov.au

Post Attention: Executive Director, Ageing, Disability Policy and Safeguarding
Department of Human Services
GPO Box 292
Adelaide SA 5000

What happens next?

Once we receive your application, we will send you correspondence acknowledging we have received it. In most cases, you will then receive the outcome of the review in writing within 30 business days. If the review is going to take longer, we will tell you in writing.

If you still don't agree with the decision after receiving the outcome of the review, you can apply to the Ombudsman to review our decision. This is called an external review. You have 30 calendar days after we give you notice of our decision to apply for an external review.

Privacy statement

The Department of Human Services will use information collected from this form for the purpose of conducting an internal review of a decision of the Director or Adult Safeguarding Unit. In accordance with the Ageing and Adult Safeguarding Act 1995 and DHS' Privacy Policy, the Department of Human Services treats any personal information provided by you in this application form as confidential and it may only be used or disclosed as authorised or required by law. Email addresses and any other contact details you provide will not be provided to a third party or added to a mailing list without your consent.

Office use only

Received on

Acknowledgement sent on