MARAC Referral Form

Marac referrals should be sent by **secure email or other secure method**.

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| --- | --- |
| **Referring agency** |  |
| **Contact name(s)** |  |
| **Telephone / Email** |  |
| **Date** |  |
| **Victim name** |  | **Victim DOB** |  |
| **Address** |  |
| **Telephone number** |  | **Is this number safe to call?** | Y / N |
| **Please insert any relevant contact information, eg times to call** |  |
| **Diversity data (if known)** |  B&ME ☐ Disabled ☐  LGBT ☐ Gender M / F |
| **Perpetrator(s) name** |  | **Perpetrator(s) DOB** |  |
| **Perpetrator(s) address** |  | **Relationship to victim** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Children (please add extra rows if necessary)** | **DOB** | **Relationship to victim** | **Relationship to perpetrator** | **Address**  | **School****(If known)** |
|  |  |  |  |  |  |
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Reason for referral / additional information

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional judgement** | Y / N | **Visible high risk (*14 ticks or more on SafeLives – Dash risk checklist*)**  | Y / N |
| **Potential escalation (*3 or more incidents reported to the Police in the past 12 months*)** | Y / N | **Marac repeat (further incident identified within twelve months from the date of the last referral)** | Y / N |
| **If yes, please provide the date listed / case number (if known)** |  |
| **Is the victim aware of Marac referral?**  | Y / N | **If no, why not?** |  |
| **Has consent been given?** |  Y / N |
| **Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator)** |  |
| **Who does the victim believe it safe to talk to?** |  |
| **Who does the victim believe it not safe to talk to?** |  |
| **Has the victim been referred to any other Marac previously?**  | Y / N | **If yes where / when?** |  |