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

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| --- | --- | --- | --- | --- | --- | --- |
| **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?** | |  | |