*Refer to the MARAC where the victim is normally resident:*

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| **Completed MARAC referral form, and the accompanying DASH RIC should be sent by secure email to the appropriate MARAC:** (please select area above first and press the tab key on your keyboard) |

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| ***For MARAC Support Team Use Only:*** *case identifier* |       |

*Please note that once received, MARAC referrals will be forwarded directly to the local IDVA service.*

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| **Practitioner information:** |
| **Contact name(s)** |       | **Agency** |       |
| **Telephone / Email** |       | **Date of referral** |       |
| **Client information:** |
| **Victim name** |       | **Victim date of birth** |       |
| **Gender** |        | **Sexual orientation**  |        |
| **Does the victim identify as the gender they were assigned at birth?** |  |
| **Ethnic origin** |         | **Religion / Belief** |        |
| **Is the victim’s day to day activities limited because of a health problem or disability, which has lasted, or is expected to last, at least 12 months?** |  | **Is the victim a carer, i.e. do they provide unpaid support to family or friends who are ill, frail, disabled or have a mental health or substance misuse problem?** |  |
| Physical impairment | [ ]  | Parent | [ ]  |
| Long-standing illness | [ ]  | Child with special needs | [ ]  |
| Sensory impairment | [ ]  | Other family member | [ ]  |
| Mental health condition | [ ]  | Partner / spouse | [ ]  |
| Learning disability / difficulty | [ ]  | Friend | [ ]  |
| Developmental condition | [ ]  | Other *(please state)* |       |
| Other *(please state)* |       |  |  |
| **Address** |       | **Is the address safe to contact?** |  |
| **Telephone number** |       | **Alternative contact number** |       |
| **Is the telephone number safe to contact?** |  | **Please insert any safe contact information***(e.g. preferred number, times to call, leave a message or send a text)* |       |
| **G.P. of Victim** *(name, surgery)* |       |
| **Victim’s Occupation and place(s) of work** |       |
| **Alleged perpetrator name(s)** |       | **Alleged perpetrator DOB(s)** |       |
| **Alleged perpetrator address(es)** |       | **Relationship(s) to victim** |       |
| **G.P. of alleged perpetrator(s)** (name, surgery) |       |
| **Alleged perpetrator(s) Occupation and place of work** |        |

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| **Status of relationship, if (ex)intimate partner abuse** |  |

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| --- | --- | --- | --- | --- |
| **Children***(add rows if necessary)* | **DOB** | **Relationship with** | **Address**  | **School****(If known)** |
| **victim** | **perpetrator** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| **Is the victim pregnant?** |  | **Expected date of delivery** |       | **Midwife** |       |

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| **Reason for Referral** *(tick / select all that apply)* |
| **Professional judgement of high risk of serious harm or significant concern for safety** | [ ]  |
| **Visible High Risk***(14 or more ‘yes’ responses on DASH RIC)* | [ ]  | **Number of ‘yes’ responses on RIC** |  |
| **Potential Escalation** *(3 or more incidents in the past 12 months)* | [ ]  |
| **MARAC repeat** *(further incident identified within twelve months from the date of the last MARAC referral)* |  |
| **MARAC to MARAC transfer** | [ ]  |
| **Outline risk factors, relevant background and reason for referral (including basis for request for disclosure under DVDS if relevant)** |
|       |

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| **Is the (potential) victim aware of this MARAC referral?**  |  | **Has the victim/subject given consent to this referral?** |  |
| **If the (potential) victim is not aware or has not given consent, why not?** |
|       |
| **Has the (potential) victim identified any priorities to increase their safety or meet their needs?** |
|       |
| **Who is the (potential) victim afraid of?** *(e.g. all potential threats, and not just primary perpetrator)* |
|       |
| **Has the (potential) perpetrator made threats to anyone else?** *(e.g. children, a new partner/other family member)* |
|       |
| **Are there any safeguarding concerns?** *(e.g. for a child)* |
|       |
| **Who does the (potential) victim believe it is safe to talk to?** *(e.g. agencies/family members/ friends)*  |
|       |
| **Who does the (potential) victim believe it is not safe to talk to?** *(e.g. agencies/family members/ friends)* |
|       |
| **Has consideration been given to disclosure under the Domestic Violence Disclosure Scheme (DVDS)?** *(if so a ‘Minimum Standards of Information’ Form should be submitted to Sussex Police)***Is it a ‘Right to Ask’ application?** **Is it a ‘Right to Know’ application?** |  |
| **Has the (potential) victim been referred to any other MARAC previously?**  |  | **If yes, where / when?** |       |
| **Has the (alleged) perpetrator been considered by any MARAC or managed within MAPPA previously?** |  | **If yes, where / when?** |       |

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| ***For MARAC Support Team Use Only:*** |

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| **Case No.** |  |
| **Victim Name** |   | **Date of Birth** |   |
| **Victim Address** |   |
| **Perpetrator Name** |   | **Date of Birth** |   |
| **Perpetrator Address** |   |
| **Child Name** |   | **Date of Birth** |   |
| **Child Address** |   |
| **Child Name** |   | **Date of Birth** |   |
| **Child Address** |   |
| **Child Name** |   | **Date of Birth** |   |
| **Child Address** |   |
| **Child Name** |   | **Date of Birth** |   |
| **Child Address** |   |
| **Child Name** |   | **Date of Birth** |   |
| **Child Address** |   |
| **Is the victim pregnant?** | Please select | **Expected date of delivery** |   |
| **Referrer Name** |   | **Referrer Agency** |   |
| **Outline risk factors, relevant background and reason for referral (including basis for request for disclosure under DVDS if relevant)** |
|   |
| **Domestic Violence Disclosure Scheme consideration** | Please select |
| **Right to Ask application** | Please select |
| **Right to Know application** | Please select |
| **Case (with same victim and perpetrator) referred to MARAC in last 12 months?** | Please select |
| **Is the (potential) victim aware of this MARAC referral?**  | Please select |
| **Has the Victim consented to a MARAC referral?** | Please select |