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

|  |
| --- |
| **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) |

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

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Practitioner information:** | | | | | | | | | | |
| **Contact name(s)** |  | | | | | **Agency** | |  | | |
| **Telephone / Email** |  | | | | | **Date of referral** | | Click here for date | | |
| **Client information:** | | | | | | | | | | |
| **Victim name** | | |  | | | **Victim date of birth** | |  | | |
| **Gender** | | | Choose gender | | | **Sexual orientation** | | Choose sexual orientation | | |
| **Does the victim identify as the gender they were assigned at birth?** | | | | Choose identity | |
| **Ethnic origin** | | | | Choose ethnicity | | **Religion / Belief** | | Choose 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?** | | | | | Please select | **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?** | | | | Please select |
| 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?** | | Yes  No | | |
| **Telephone number** |  | | | | | **Alternative contact number** | |  | | |
| **Is the telephone number safe to contact?** | Yes  No | | | | **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** | |  | | | | | | | | |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Children**  *(add rows if necessary)* | **DOB** | **Relationship with** | | **Address** | **School**  **(If known)** |
| **victim** | **perpetrator** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Is the victim pregnant?** |  | **Expected date of delivery** |  | **Midwife** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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)** | | | |
|  | | | |

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

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

|  |  |
| --- | --- |
| **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 | |