

RESTRICTED WHEN COMPLETE

Confidential - Croydon Borough MARAC Referral Form

This document contains restricted information. It is circulated in accordance with Section 115 Crime & Disorder Act 1998 and Croydon MARAC Information Sharing Protocol. No action should be taken in relation to this information without referring to the originator who may hold additional information. No part of the following material should be further disseminated or disclosed without prior consultation with the originator.

Referred By:	
Date of Referral	
Name	
Position	
Referring Agency	
Telephone Number	
Mobile Number	
Email Address	

Victim	
Name	
D.O.B	
Pregnant? (Yes / No)	
Repeat victim to MARAC?	
Date of last incident	
Gender	
Ethnic Origin	
Address	
Housing provider?	
Contact Telephone No.	
Contact Email	
Disability? (Please state)	
Mental Health Issues?	
GP Name & Surgery	
Drink/Drugs Issues?	
Sexual Orientation	
Recourse to Public Funds? <i>Please detail status</i>	
Any Other Information	

Child 1	
Name	
D.O.B	
Gender	
Ethnic Origin	
Relationship to perpetrator	
Address	
Health Visitor (if known)	
School Details (if	

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known) Any Other Information	
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Child 2	
Name	
D.O.B	
Gender	
Ethnic Origin	
Relationship to perpetrator	
Address	
Health Visitor (if known)	
School Details (if known)	
Any Other Information	

Child 3	
Name	
D.O.B	
Gender	
Ethnic Origin	
Relationship to perpetrator	
Address	
Health Visitor (if known)	
School Details (if known)	
Any Other Information	

Perpetrator 1	
Name	
D.O.B	
Gender	
Ethnic Origin	
Relationship to victim	
Address	
Disability? (Please state)	
Mental Health Issues?	
Drink/Drugs Issues?	
Recourse to Public Funds?	
<i>Please detail status</i>	
Any Other Information	

Referral Details

Reasons for Referral:
<input type="checkbox"/> 14 or more ticks on the CAADA DASH Risk Indicator Checklist (RIC) <input type="checkbox"/> 4 or more of police callouts to the victim as a result of domestic violence in the past 12 months. <input type="checkbox"/> Professional judgement (Please state clearly reasons for professional judgement) <input type="checkbox"/> Repeat referral <u>To meet this criteria, the answer to the following 2 questions must be YES.</u> 1. Has there been a further incident involving violence, threats of violence, pattern of stalking or harassment or rape or sexual abuse within the past 12 months 2. Are Perpetrator and Victim details the same from previous MARAC case? <i>Please provide details in next section.</i>
Background & Risk Issues – Please provide summary of reasons for referral. If a RIC was used, or referral made on Professional Judgement, please state clearly the risk factors:

What has already been done to safeguard/ support the victim and/or their family?

<p>Where the MARAC victim has also been identified as an ‘adult at risk’* please confirm the DATE you made the required Adult Safeguarding Referral to the relevant adult social care or mental health team, whether with their consent or not, and brief details</p> <p><i>* ‘adult at risk’ – over 18 with a disability or physical or mental health issue, and uses or might need health or community care services, and may be unable to care or protect themselves</i></p>	<p>Date referral made: N/A</p> <p>Has an adult safeguarding referral been made: NO</p> <p>- No, person is not an ‘adult at risk’ []</p> <p>- Yes, person is an ‘adult at risk’ and has given consent []</p> <p>- No, person is an ‘adult at risk’ but NOT given consent []</p> <p>- Yes, person is an ‘adult at risk’ but NOT given consent []</p>
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<i>against significant harm or exploitation</i> (See MARAC Guidance Presentation for further information)	Brief Details:
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Is victim happy to be contacted by an IDVA or other agencies?

Safe times to contact victim.

What outcome is the VICTIM (and/or the referrer) hoping to achieve for the victim through the MARAC?

Has the victim indicated to you what would make them feel most safe?

Please attach the DASH Risk Assessment Form

Please complete this form in full and send securely to marac@croydon.gov.uk