**MARAC Referral Form (revised 2019 and updated in June 2023)**

OFFICIAL – SENSITIVE [when completed]

**BOURNEMOUTH, CHRISTCHURCH & POOLE**

**MULTI AGENCY RISK ASSESSMENT CONFERENCE**

**(MARAC)**

**DOMESTIC ABUSE**

**REFERRAL FORM**

Check guidance on [Risk assessment and how to refer to the MARAC (bcpcouncil.gov.uk)](https://www.bcpcouncil.gov.uk/Communities/Crime-and-disorder/MARAC-Multi-Agency-Risk-Assessment-Conference/Risk-assessment-and-how-to-refer-to-the-MARAC.aspx)prior to completing this

document (all the forms you need along with guidance can be found there)

**MARAC referrals should be typed where possible, including specific information**

**on the case and submitted with an accompanying SafeLives DASH form from a**

**secure email address to:** [**marac@dorset.pnn.police.uk**](mailto:marac@dorset.pnn.police.uk)

MARAC does not replace an individual organisation’s responsibility to any person involved

in this case

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| **SECTION 1 – REFERRER DETAILS** [Please provide your details so we can contact you if we need to clarify any of the information you have given us] | | | |
| MARAC Area |  | | |
| Your name: |  | | |
| Organisation: |  | | |
| Contact details: | [Contact number, email address] | Date of referral: |  |

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| **SECTION 2 – PERSONS INVOLVED** [Please take care to fill in as much information as possible paying attention to names and dates of birth. Please use full names where possible rather than abbreviations] | | | | | | | | | |
| **VICTIM DETAILS** | | | | | | | | | |
| First Name: | |  | | | Surname: | |  | | |
| Alias or other names: used: | |  | | | DOB: | |  | | |
| Address: | |  | | | Telephone: | |  | | |
| Is this number safe to call? | | Y / N | | |
| Please provide any relevant contact information i.e. times to call: | | | | |  | | | | |
| Nationality: | |  | | | First Language: | |  | | |
| GP Details: | |  | | | | | | | |
| Relationship to Perpetrator: | | [include whether still together or separated] | | | | | | | |
| **PERPETRATOR DETAILS** | | | | | | | | | |
| First Name: | |  | | | Surname: | |  | | |
| Alias or other names used: | |  | | | DOB: | |  | | |
| Address: | |  | | | Telephone: | |  | | |
| Occupation: | |  | | |
| Relationship to Victim: | | [include whether still together or separated] | | | | | | | |
| **Children and Young Persons Details** [Include details of children who live with the victim/perp and those who stay regularly at the relevant address i.e. Step Siblings. Also use this section to include unborn children] | | | | | | | | | |
| Name: | |  | | | DOB: | |  | | |
| Relationship to Victim: | |  | | | Childs address: | |  | | |
| Relationship to Perpetrator: | |  | | |  | | |
| School: | |  | | | GP: | |  | | |
|  | | | | | | | | | |
| Name: | |  | | | DOB: | |  | | |
| Relationship to Victim: | |  | | | Childs address: | |  | | |
| Relationship to Perpetrator: | |  | | |  | | |
| School: | |  | | | GP: | |  | | |
| **Any other children** | | | | | | | | | |
| [Use this box to detail any other children known as per format above] | | | | | | | | | |
| Is Victim or Perpetrator pregnant? If so what is the due date: | | | | |  | | | | |
| **Equality Information** | | | | | | | | | |
| **Person** | **Gender** | | **Nationality** | **BME** | | **LGBT+** | | **Disability** | **Other** |
| Victim |  | |  |  | |  | |  |  |
| Perpetrator |  | |  |  | |  | |  |  |
| Child 1 |  | |  |  | |  | |  |  |
| Child 2 |  | |  |  | |  | |  |  |
| Child 3 |  | |  |  | |  | |  |  |
| Child 4 |  | |  |  | |  | |  |  |

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| **SECTION 3 – REFERRAL INFORMATION** [Please say why you are making the referral, highlighting the main areas of concern. Please include details of any specific, relevant historical information you may have] | |
| **Risk Score** (14 ticks or more on SafeLives DASH) | **Y** – how many ticks? / **N** – Complete Professional Judgement below |
| **Professional Judgement**  [Summary of the most recent incident, including the date and if it has been reported and to whom. Please provide any relevant information specific to this case. Include any information know about the perpetrator i.e. risk to victim, others and/or agency staff] |  |
| MARAC repeat (further incident identified within twelve months from the date of the last referral) | Y/N  [Please provide the date and case number if known] |
| Housing – Rented | [State joint or sole tenancy and name of landlord] |
| Housing – Owned | [State whether owned alone or jointly] |

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| **SECTION 4 – SAFEGUARDING** [Please provide details of any action which has been taken to help keep the victim / and any other persons safe already] | | |
| Details of any immediate risk management taken | [Details of any support or advice you have given already regarding safety planning i.e. referral for target hardening, personal safety advice, Non- Molestation; Refuge, Restraining order, Police Watch]  [Also, use this section to include any action you have taken regarding company policy i.e. informed line manager] | |
| Has the victim had / or currently receiving support from outreach? | [Details of any support provided by outreach including; provider details, and key worker if known] | |
| Are there children safeguarding issues? | | Y/N |
| Are there adult safeguarding issues? | | Y/N |
| If you have answered yes to either of the above have you made the appropriate referral in to safeguarding? If no, please give reason |  | |

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| **SECTION 5 – Victim AGREEMENT to share** | |
| Is the victim aware of the MARAC referral?  **If NO - record why** | Y/N |
| Has the victim agreed for you to share this information? **If NO - record why** | Y/N |
| Is the victim afraid of anyone else?  **If YES – state who** | Y/N |
| Who does the victim feel safe talking to? |  |
| Who does the victim feel unsafe talking to? |  |

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| **To be completed by the MARAC Administrator** [all referrals to be passed onto Maple for Domestic Abuse Advisor support] | | | |
| **Date of MARAC** |  | **MARAC AREA** |  |
| **Referrer informed of outcome** | | Y/N | |