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MARAC Referral

**Complete this form with as much information as possible and forward to your agencies MARAC SPOC with the completed risk assessment form (*[SafeLives DASH risk checklist](https://safelives.org.uk/sites/default/files/resources/Dash%20without%20guidance.pdf)*)**

**\*\* Do not forward directly to the relevant MASH \*\***

Your agency SPOC will then email it to: [northumberland.mash@northumbria.pnn.police.uk](mailto:northumberland.mash@northumbria.pnn.police.uk)

If you do not know who your MARAC point of contact is, please contact **Northumberland MASH** on

**01670 536485**

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| **Date of referral:** | **Agency:** | |
| Name of referring practitioner:  Contact details:  Your shift pattern/availability for contact from Police/agencies:  Telephone:  Mobile:  Email: | Address: | |
| **VICTIM** | **PERPETRATOR** | |
| Forename(s):  Surname:  Alias:  DOB:  Address: | Forename(s):  Surname:  Alias:  DOB:  Address: | |
| Ethnic Origin: | Ethnic Origin: | |
| Religion: | Religion: | |
| Disability: | Disability: | |
| Gender: | Gender: | |
| Sexual Orientation: | Sexual Orientation: | |
| Language: | Language: | |
| **Safe Contact number (please state if there is not one)** | | |
| Relationship between victim and offender: | | |
| If Refugee / Asylum seeker **(victim only)**  Nationality: Status: | | |
| GP details if known **(victim only)** | | |
| **CONSENT:** | | |
| 1. **Is the victim aware the MARAC referral has** **been submitted? (if ‘No’ you MUST answer question 3)** | | 1. **Please document your rationale for sharing information without consent?** |
| 1. **Has the victim consented to MARAC? (if ‘No’ you MUST answer question 3)** | |
| **LIST ANY CHILDREN OR OTHER VULNERABLE PEOPLE IN THE HOUSEHOLD OR LINKED TO EITHER PARTY:** | | |
| Name:  DOB:  Address:  School: | | Name:  DOB:  Address:  School: |
| Name:  DOB:  Address:  School: | | Name:  DOB:  Address:  School: |

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| **INCIDENT REPORTED:** |  | |
| (Information for referrer only)  Victims will often disclose abuse that amounts to criminal offences, eg: physical/sexual assaults/coercive control. Please explain to the victim that Police have a duty to record such offences. Police may wish to investigate these crimes, taking into account the victims wishes.  The following information is vital to assist the Police in the recording of crimes, as per national guidelines dictate. The below information will assist in decision making whilst remaining victim focussed.  **Please include the following details:** | | |
| Has the victim already reported the incident to the Police and what was the outcome? Does the victim have any log/crimes numbers if already reported? | |  |
| If not already reported to the police would the victim like the police to investigate this information and if not why not? | |  |
| Date/s incident/s occurred? | |  |
| Location/s incident/s occurred? | |  |
| Injuries the victim sustained? | |  |
| (Information for referrer only)  **In liaison with the referrer the Police have to decide whether an investigation should be commenced and whether the offender should be spoken to. The Victims wishes are paramount to the decision making process - please document the victims wishes below – including any perceived risks to the victim/children/family that may be caused by Police commencing any investigations:** | | |
| **If the person is aware of the MARAC referral and it is safe to contact them please consider the following questions:**   * Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator) * Who does the victim believe it is safe to talk to? * Who does the victim believe it is not safe to talk to? | | |

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| **BACKGROUND INFORMATION:** |
| Please provide **FULL** details of the circumstances/concerns that lead you to believe the victim meets the high risk threshold – **High risk means the victim is at imminent risk of serious harm or homicide.**  **NOTE:** If there are less than 14 ticks on the risk assessment please include rationale as to why you believe the victim is high risk. |