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| **Date of Referral:** | | | | | | |
| **Name of Referring Practitioner:** | | | | | | |
| **Referring Agency:** | | | | | | |
| **Contact Information** *(email and telephone):* | | | | | | |
| **SUBJECT DETAILS** | | | | | | |
| **SURNAME/Forename:** | | | | | | **DOB:** |
| Full Address (Postcode):  Landlord (if known): | | | | **Telephone:**  **Safe to call?** *Yes/No*  Any relevant contact information: | | |
| **Gender:** | | | | **Ethnicity:** | | |
| **LGBT:** *Yes/No* | | | | **Any disabilities:** *Yes/No (if yes, provide details)* | | |
| **OTHER SIGNIFICANT ADULTS / PERPETRATOR DETAILS (add rows where necessary)** | | | | | | |
| **Name** | **DOB** | **Address** | **Gender & Ethnicity** | | **Any relevant information (e.g. list relationship to victim)** | |
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| **CHILDREN (add rows where necessary)** | | | | | | |
| **Children** | **DOB** | **Address** | **School (If known)** | | **Any relevant information (e.g. list relationship to victim and perpetrator)** | |
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| **Overview of Current Incident:** |  |
| **Risk / Reason for Referral:** |  |
| **Key Points:** |  |
| **Actions:**  *(to be completed at DRMM)* | Action:  By Whom: |
| **Actions Completed:**  *(to be completed after DRMM)* |  |
| **Review date:**  *(to be completed at DRMM)* |  |

**For domestic abuse MARAC cases only, please complete the following sections:**

Please refer to the Safelives website for further guidance for any professional wishing to refer to MARAC: <http://www.safelives.org.uk/practice-support/resources-marac-meetings/resources-people-referring>

Please ensure that an up-to-date SafeLives DASH Risk Identification Checklist is attached to your referral. For a word document version of this assessment:

* Email the Waltham Forest VAWG Team on [vawg@walthamforest.gov.uk](mailto:vawg@walthamforest.gov.uk)
* Visit <http://www.standingtogether.org.uk/sites/default/files/docs/resources/DASH%20Risk%20Indicator%20Checklist.doc>

|  |  |
| --- | --- |
| **FURTHER VICTIM DETAILS** | |
| **Has the victim been informed of the referral to MARAC?** *Yes/No (if no, give reason)* | |
| **Has consent been given for IDVAs to contact victim?** *Yes/No (if no, give reason)* | |
| **Reason for Referral:** | Professional judgement – provide details:  Visible high risk (14 ticks or more on SafeLives Dash risk checklist)  Potential escalation (3 or more incidents reported to the police in the past 12 months)  Repeat incident (further incident identified within twelve months from the date of the last referral for MARAC) - provide the date listed (if known): |