CONFIDENTIAL

North East Lincolnshire

DOMESTIC ABUSE MULTI AGENCY RISK ASSESSMENT CONFERENCE REFERRAL FORM

# This form when completed should be sent to

**maracreferrals@nelincs.gov.uk**

Marac referrals should be sent by **secure email or other secure method**.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Referring agency** |  | | | | | | |
| **Contact name(s)** |  | | | | | | |
| **Telephone / Email** |  | | | | | | |
| **Date of referral** |  | | | | | | |
| **Victim name** | |  | | | **Victim DOB** | |  |
| **Victim Alias** | |  | | | | | |
| **Address** | |  | | | | | |
| **Telephone number** | |  | | | **Is this number safe to call?** | | Y / N |
| **Please insert any relevant contact information, eg times to call** | |  | | | | | |
| **Ethnic origin and Religion** | | **Victim** |  | | | **Perpetrator** |  |
| **Perpetrator(s) name** | |  | | | | **Perpetrator(s) DOB** |  |
| **Perpetrator(s) Alias** | |  | | | | | |
| **Perpetrator(s) address** | |  | | **Relationship to victim** | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Children (please add extra rows if necessary)** | **DOB** | **Relationship to victim** | **Relationship to perpetrator** | **Address** | **School**  **(If known)** |
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Reason for referral / additional information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Professional judgement** | Y / N | | **Visible high risk (14 ticks or more on Dash risk checklist)** | | | Y / N |
| **Potential escalation (*3 or more incidents reported to the Police in the past 12 months*)** | Y / N | | **Marac repeat (further incident identified within twelve months from the date of the last referral)** | | | Y / N |
| **If yes, please provide the date listed / case number (if known)** | | |  | | | |
| **Is the victim aware of Marac referral?** | Y / N | | **If no, why not?** |  | | |
| **Has consent been given?** | Y / N | | | | | |
| **Limiting Long-Term Illness (LLTI) and Disability**  **(Further information of what can constitute an LLTI or Disability can be found at www.safelives.org.uk)** | | Victim | | | Y / N | |
| Perpetrator | | | Y / N | |
| **Sexual Orientation:** | | Victim | | |  | |
| Perpetrator | | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DASH Risk Assessment Score** | | |  | **Professional Judgement** | | | Y / N |
| **Are you aware of the case being heard elsewhere** | | | Y / N | **If yes, where** | | |  |
| ***Please provide a short narrative of the incident including all identified risks to the victim, date of offence/offences and any safety measures in place. Please use full names of people throughout.*** | | | | | | | |
| **IS THIS CASE BEING HEARD AT MAPPA: Yes/No** | | | | | | | |
| **IS THERE A FIRE/ARSON RISK? Yes/No** | | | | | | | |
| **G.P Details** |  | | | | | | |
| **Language Spoken** | |  | | | **Reads English** | Y / N | |