**North Somerset Domestic Violence Multi Agency Risk Assessment Conference - Referral Form**

***Please Remember the MARAC Does Not Replace Any Established Protection Procedures***

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| **Date of Referral** | **SafeLives DASH Score *(or professional judgement)*** | **Has Victim Previously Been Referred to MARAC?** | | **If Yes – Date of Previous MARAC** |
|  |  | **Yes  No  Don’t Know** | |  |
| **Victim Details** | | | | |
| **Name:** | |  | | |
| **Date of Birth:** | |  | | |
| **Address:** | |  | | |
| **Name of GP Surgery *(if known):*** | |  | | |
| **Ethnic Origin and / or Religion:** | |  | | |
| **Any Known Disability:** | |  | | |
| **Victim’s Preferred Method of Contact:** | | **Mobile  Landline  Text  Letter  Email  Third Party** | | |
| **Victim’s Contact Details – including any safe time to contact:** | |  | | |
| **Is victim aware of referral to MARAC?** | | **Yes  No** | **If No give reason** | |
| **Is victim aware that an IDVA will contact them to offer support:** | | **Yes  No** | **If No give reason** | |
| **Has victim given consent to share information:** | | **Yes  No** | **If No can you satisfy requirement to share information without consent: Yes  No** | |
| **Does the victim require Police contact regarding this disclosure:** | | **Yes  No** | | |

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| **Alleged Perpetrator Details** | |
| **Name:** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Relationship to Victim:** |  |
| **Child 1 Details** | |
| **Name of Child:** |  |
| **Date of Birth:** |  |
| **Address of Child** |  |
| **Child 2 Details** | |
| **Name of Child:** |  |
| **Date of Birth:** |  |
| **Address of Child:** |  |

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| **Child 3 Details** | | |
| **Name of Child:** |  | |
| **Date of Birth:** |  | |
| **Address of Child:** |  | |
| **Child 4 Details *(add additional boxes as required)*** | | |
| **Name of Child:** |  | |
| **Date of Birth:** |  | |
| **Address of Child:** |  | |
| **Additional Information** | | |
| **Are there any child protection issues?** | **Yes  No** | |
| **Are there any adult safeguarding issues:** | **Yes  No** | |
| **If you have answered Yes to either of the above questions have you made the appropriate referral:** | **Yes  No** | **If No give reason** |
| **Referred on:** | **Actual Risk**  **Escalation**  **Professional Judgement** | |
| **Re-referred due to incident of:** | **Violence or threats of violence**  **Stalking or harassment**  **Rape or sexual abuse** | |
| **Overview – Reason for Referral** | | |
|  | | |
| **Background Information** | | |
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| **Specific Risks Identified Through DASH** | | |
|  | | |
| **Additional Information** | | |
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| **What actions have been completed to safeguard the victim and children?** | | |
| Victim engagement with IDVA | | **Yes  No** |
| Emotional support | | **Yes  No** |
| Liaise with agencies to gather information and discuss a safety plan | | **Yes  No** |
| Advise on social media policy / Hollie Guard App | | **Yes  No** |
| Letter for Legal Aid | | **Yes  No** |
| Referral to Children’s Safeguarding / Family Support | | **Yes  No** |
| Referral to Adult Social Care | | **Yes  No** |
| Housing Issues | | **Yes  No** |
| School informed of domestic abuse | | **Yes  No** |
| Police made aware | | **Yes  No** |
| Welfare check | | **Yes  No** |
| Neighbours alerted | | **Yes  No** |
| Home safety addressed – target hardening | | **Yes  No** |
| Victim updated on prosecution | | **Yes  No** |
| Flag / Marker on agency system | | **Yes  No** |
| Victim refuge / safe house option explored | | **Yes  No** |
| **Referring Practitioner:** |  | |
| **Referring Agency:** |  | |
| **Address:** |  | |
| **Telephone Number:** |  | |
| **Mobile Number:** |  | |
| **Secure Email Address:** |  | |

**Please send your completed Referral Form and SafeLives DASH SECURELY to your Agency MARAC representative to be forwarded via Egress to** [**MARAC.NorthSomerset@nextlinkhousing.co.uk**](mailto:MARAC.NorthSomerset@nextlinkhousing.co.uk) **or via cjsm to** [**MARAC.NorthSomerset@nextlinkhousing.co.uk**](mailto:MARAC.NorthSomerset@nextlinkhousing.co.uk)**.cjsm.net**

**Have you made a secure IDVA referral via Egress –** [**duty.team@nextlinkhousing.co.uk**](mailto:duty.team@nextlinkhousing.co.uk)

**Have you made a secure IDVA referral via cjsm –** [**duty.team@nextlinkhousing.co.uk.cjsm.net**](mailto:duty.team@nextlinkhousing.co.uk.cjsm.net)

**Further information on making MARAC referrals is at** [**www.saferstrongerns.co.uk**](http://www.saferstrongerns.co.uk)

**For information toolkits, guidance and DASH forms – [www.safelives.org.uk](http://www.safelives.org.uk)**