

**MARAC / IDVA referral form**  
**RESTRICTED WHEN COMPLETED**

Refer to the MARAC where the victim is normally resident: Please select area

Completed MARAC referral form, and the accompanying DASH RIC should be sent by secure email to the appropriate MARAC: (please select area above first and press the tab key on your keyboard)

*For MARAC Support Team Use Only: case identifier*

Please note that once received, MARAC referrals will be forwarded directly to the local IDVA service.

**Practitioner information:**

Contact name(s)		Agency	
Telephone / Email		Date of referral	

**Client information:**

Victim name		Victim date of birth	
Gender	Choose gender	Sexual orientation	Choose sexual orientation
Does the victim identify as the gender they were assigned at birth?	Choose identity		
Ethnic origin	Choose ethnicity	Religion / Belief	Choose religion / belief
Is the victim's day to day activities limited because of a health problem or disability, which has lasted, or is expected to last, at least 12 months?	Please select <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Is the victim a carer, i.e. do they provide unpaid support to family or friends who are ill, frail, disabled or have a mental health or substance misuse problem?	Please select <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Physical impairment		Parent	
Long-standing illness		Child with special needs	
Sensory impairment		Other family member	
Mental health condition		Partner / spouse	
Learning disability / difficulty		Friend	
Developmental condition Other (please state)		Other (please state)	
Address		Is the address safe to contact?	Please select
Telephone number		Alternative contact number	
Is the telephone number safe to contact?	Please select	Please insert any safe contact information (e.g. preferred number, times to call, leave a message or send a text)	
G.P. of Victim (name, surgery)			
Victim's Occupation and place(s) of work			

**MARAC / IDVA referral form**  
**RESTRICTED WHEN COMPLETED**

<b>Alleged perpetrator name(s)</b>		<b>Alleged perpetrator DOB(s)</b>	
<b>Alleged perpetrator address(es)</b>		<b>Relationship(s) to victim</b>	
<b>G.P. of alleged perpetrator(s) (name, surgery)</b>			
<b>Alleged perpetrator(s) Occupation and place of work</b>			

<b>Status of relationship, if (ex)intimate partner abuse</b>	Please select
--	---------------

<b>Children (add rows if necessary)</b>	<b>DOB</b>	<b>Relationship with</b>		<b>Address</b>	<b>School (If known)</b>
		<b>victim</b>	<b>perpetrator</b>		

<b>Is the victim pregnant?</b>	Please select	<b>Expected date of delivery</b>		<b>Midwife</b>	
------------------------------------	---------------	--------------------------------------	--	----------------	--

**Reason for Referral** (*tick / select all that apply*)

<b>Professional judgement of high risk of serious harm or significant concern for safety</b>	<input type="checkbox"/>
<b>Visible High Risk</b> <i>(14 or more 'yes' responses on DASH RIC)</i>	<input type="checkbox"/> <b>Number of 'yes' responses on RIC</b>
<b>Potential Escalation</b> <i>(3 or more incidents in the past 12 months)</i>	<input type="checkbox"/>
<b>MARAC repeat</b> <i>(further incident identified within twelve months from the date of the last MARAC referral)</i>	Please select
<b>MARAC to MARAC transfer</b>	<input type="checkbox"/>
<b>Outline risk factors, relevant background and reason for referral (including basis for request for disclosure under DVDS if relevant)</b>	

**MARAC / IDVA referral form**  
**RESTRICTED WHEN COMPLETED**

<p><b>Is the (potential) victim <u>aware</u> of this MARAC referral?</b></p>	<p>Please select</p>	<p><b>Has the victim/subject <u>given consent</u> to this referral?</b></p>	<p>Please select</p>
<p><b>If the (potential) victim is not aware or has not given consent, why not?</b></p>			
<p><b>Has the (potential) victim identified any priorities to increase their safety or meet their needs?</b></p>			
<p><b>Who is the (potential) victim afraid of? (e.g. all potential threats, and not just primary perpetrator)</b></p>			
<p><b>Has the (potential) perpetrator made threats to anyone else? (e.g. children, a new partner/other family member)</b></p>			
<p><b>Are there any safeguarding concerns? (e.g. for a child)</b></p>			
<p><b>Who does the (potential) victim believe it is safe to talk to? (e.g. agencies/family members/ friends)</b></p>			
<p><b>Who does the (potential) victim believe <u>it is not</u> safe to talk to? (e.g. agencies/family members/ friends)</b></p>			
<p><b>Has consideration been given to disclosure under the Domestic Violence Disclosure Scheme (DVDS)?</b> <i>(if so a 'Minimum Standards of Information' Form should be submitted to Sussex Police)</i> <b>Is it a 'Right to Ask' application?</b> <b>Is it a 'Right to Know' application?</b></p>			<p>Please select Please select Please select</p>
<p><b>Has the (potential) victim been referred to any other MARAC previously?</b></p>	<p>Please select</p>	<p><b>If yes, where / when?</b></p>	
<p><b>Has the (alleged) perpetrator been considered by any MARAC or managed within MAPPA previously?</b></p>	<p>Please select</p>	<p><b>If yes, where / when?</b></p>	

**MARAC / IDVA referral form**  
**RESTRICTED WHEN COMPLETED**

**For MARAC Support Team Use Only:**

<b>Case No.</b>			
<b>Victim Name</b>		<b>Date of Birth</b>	
<b>Victim Address</b>			
<b>Perpetrator Name</b>		<b>Date of Birth</b>	
<b>Perpetrator Address</b>			
<b>Child Name</b>		<b>Date of Birth</b>	
<b>Child Address</b>			
<b>Child Name</b>		<b>Date of Birth</b>	
<b>Child Address</b>			
<b>Child Name</b>		<b>Date of Birth</b>	
<b>Child Address</b>			
<b>Child Name</b>		<b>Date of Birth</b>	
<b>Child Address</b>			
<b>Child Name</b>		<b>Date of Birth</b>	
<b>Child Address</b>			
<b>Is the victim pregnant?</b>	Please select	<b>Expected date of delivery</b>	
<b>Referrer Name</b>		<b>Referrer Agency</b>	
<b>Outline risk factors, relevant background and reason for referral (including basis for request for disclosure under DVDS if relevant)</b>			
<b>Domestic Violence Disclosure Scheme consideration</b>		Please select	
<b>Right to Ask application</b>		Please select	
<b>Right to Know application</b>		Please select	
<b>Case (with same victim and perpetrator) referred to MARAC in last 12 months?</b>		Please select	
<b>Is the (potential) victim <u>aware</u> of this MARAC referral?</b>		Please select	
<b>Has the Victim consented to a MARAC referral?</b>		Please select	