**\*Please continue on a separate sheet for additional children and others\***

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| Your name:Email address:Contact telephone: |  | Agency you work for:Date completed:Time: |
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| VICTIM | Name: |  | DOB:  |
| Address: |  |
|  |  |
|  |  |
| Postcode: |  |
| Contact no. |  |
| Relationship to perpetrator: | Relationship to child(ren): |
| PERPETRATOR | Name: |  | DOB: |
| Address: |  |
|  |  |
|  |  |
| Postcode: |  |
| Contact no. |  |
| Relationship to victim: | Relationship to child(ren): |
| CHILD | Name: |  | DOB /AGE: |
| Address:School: |  |
|  |  |
|  |  |
| Postcode: |  |
| Contact no. |  |
| Relationship to victim: | Relationship to perpetrator: |
| CHILD  | Name: |  | DOB/AGE: |
| Address:School: |  |
|  |  |
|  |  |
| Postcode: |  |
| Contact no. |  |
| Relationship to victim: | Relationship to perpetrator: |
| OTHER | Name: |  | DOB: |
| Address: |  |
|  |  |
|  |  |
| Postcode: |   |
| Contact no. |  |
| Relationship to victim: | Relationship to perpetrator: |

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| Time of incident(s): |  | Date of incident(s): |  |
| Disclosure time: |  | Disclosure date: |  |
| Disclosed to: |  | Disclosure method:(e.g. telephone/face to face) |  |
| Incident address: |  | Incident postcode: |  |

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| Note: If you have any concerns for a child’s welfare or safety, it is your responsibility to make a separate telephone referral to Children’s Advice & Duty Service (CADS) on 01254 666400 or EDT 01254 587547. Please state that this is a High Risk Domestic Abuse referral as agreed within your internal safeguarding procedures.Please make sure you seek consent for any contact into the Children’s advice & duty service unless the concerns being raised suggest that the child/children or someone else (including the referrer) would be placed at risk of significant harm, or it might undermine a criminal investigation if the parents/carers are informed. Reasons for not seeking consent should be clearly stated when speaking with Children's advice and duty service and recorded on internal systems for your records. \*If the Child/ Young person is aged 13 years and over and has the maturity to make their own decisions and to understand the implications of those decisions they are able provide their own consent (under Gillick Competency / UK GDPR). |
| Details of the incident(s): (**Please include as much detail as possible including any influencing factors at the time e.g. under the influence of alcohol, mental health). Please confirm if the Child/ Children were present at the time of the incident and any concerns for their welfare or safety.**Referrers Notes (Incident):  |

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| **The legal basis for sharing information is without consent under section S115 Crime & Disorder Act 1998.**The sharing of information between the partner organisations and the MARRAC Programme for the purposes of enhanced support provision and direct care will continue under the following processing conditions: * UK GDPR, Article 6(1)(e) Public task
* UK GDPR, Article 9(2)(g) Substantial public Interest, with reference to;
* DPA2018 Schedule 1, Part 1 Special category data and criminal conviction data, paragraph 2 (Health and Social Care Purposes),
* DPA2018 Schedule 1, Part 3 paragraph 30 (Protecting individuals vital interests)
 |
| **Victim:** Please confirm if a copy of the MARRAC Privacy Information Leaflet has been given to the Victim and that they have had the opportunity to ask questions and are satisfied with the response given.YES: NO: |
| **Child / Young Person: (Aged 13 years plus – see \*guidance note CSC section above)**Please confirm if a copy of the MARRAC Privacy Information Leaflet has been given to the Child/ Young Person if aged 13 years and above and that they have had the opportunity to ask questions and understand the response given.YES: NO: N/A: |
| **Perpetrator: (\*Only share the MARRAC Privacy Leaflet with the Perpetrator once agreed by the Lead Case Co-ordinator, when it’s safe to do so and as part of the agreed safety plan)**Please confirm if a copy of the MARRAC Privacy Information Leaflet has been given to the Perpetrator and that they have had the opportunity to ask questions and are satisfied with the response given.YES: NO: |

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| Reason for Referral to the MARRAC team: **(High Risk Domestic Abuse). If you are using your professional judgement, please explain your rationale in detail as to why you think this referral meets the ‘PURPOSE’ (see bottom page footnote for guidance). Include any information / observations re ‘capacity to change’. Attach any risk assessments that you have used including the SafeLives DASH Risk Indicator Checklist (and any relevant information in relation to risk, including discussions with Police / IDVA or other professionals).** |
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| **Office Use Only: Referral Screening Notes / Actions****Name:****Date:****Time:****Key Notes:****Actions Undertaken (Including Checks):****Decision / Outcome of Referral Screening & Chronology:** |