



1. MARAC referral form

MARAC referrals should be sent by **secure email or other secure method** to shetlandmarac@shetland.gsx.gov.uk

Referring agency						
Contact name(s)						
Telephone / Email						
Date						
Victim name				Victim DOB		
Address				Diversity Data (if known) B&ME <input type="checkbox"/> Disabled <input type="checkbox"/> LGBT <input type="checkbox"/> Gender M/F		
Telephone number				Is this number safe to call?		
Please insert any relevant contact information e.g. times to call						
Perpetrator(s) name				Perpetrator(s) DOB		
Perpetrator(s) address				Relationship to victim		
Children (please add extra rows if necessary)	DOB	Relationship to victim	Relationship to perpetrator	Address	School (If known)	



Reason for Referral/Additional Information

Professional judgement		Visible high risk (14 ticks or more on SafeLives-DASH RIC)	
		Score (SafeLives-DASH RIC)	
Potential escalation (<i>3 or more incidents reported to the Police in the past 12 months</i>)		MARAC repeat (further incident identified within twelve months from the date of the last referral)	
If Yes, please provide the date listed / case number (if known)			
Is the victim aware of MARAC referral?		If no, why not?	
Has consent been given?			
Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator)			
Who does the victim believe it safe to talk to?			
Who does the victim believe it not safe to talk to?			
Has the victim been referred to any other MARAC previously?		If yes where / when?	
Police Incident Number (if known)			
Summary of Incident/Risk and any actions taken to reduce risk			