



RESTRICTED

GUERNSEY POLICE

MULTI-AGENCY RISK ASSESSMENT CONFERENCE

MARAC REFERRAL FORM

To Lead Agency: POLICE Tel: 719457 Fax: 719409 Date: _____

Victim Name		Victim DOB	
Victim Address			
Victim Telephone No		Is this number safe to call?	Y / N
Please insert any relevant information, e.g. safe times to call			
Diversity Data (if known)	B&ME <input type="checkbox"/> Disabled <input type="checkbox"/> LGBT <input type="checkbox"/> Gender M / F		
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 Judgment	Y / N	Visible High Risk (14 ticks or more on DASH checklist)	Y / N
Potential Escalation (3 or more incidents reported to Police in the past 12 months)	Y / N	MARAC repeat (further incident identified within 12 months from the date of the last referral)	Y / N
If Repeat Case, please provide date of last MARAC			



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Is the victim aware of the MARAC referral?	Y / N	If no, why not?	
Has consent been given?	Y / N		
Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator)			
Who does the victim believe it is safe to talk to?			
Who does the victim believe it is NOT safe to talk to?			
Has the victim been referred to any other MARAC previously?	Y / N	If yes when?	
(Attach Risk Assessment where completed)			
Referring Practitioner and Agency:			
Contact Details:			
Telephone:	Mobile:	Email:	
Address:			

**Please attached brief summary of events that have led to the MARAC referral. **