|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **MARAC date showing on SharePoint** |  | | **To whom does your information relate?** | |  | | |
| **Victim Name** |  | | **Alleged Perpetrator name** | |  | | |
| **Agency submitting information** |  | | | | | | |
| **Name of person completing form** |  | **Telephone no:** | | |  | | |
| **Email address:** | | |
| **What are the known risks?** | *Guidance: Has this case been to MARAC before or known DVA, Mental health/substance misuse/other vulnerabilities* | | | | | | **No more than 200 words in total please** |
| **What has been done to reduce the risks?** | *Guidance: Safeguarding referral/advice and guidance, signposting/ safety planning/referral to other agency.* | | | | | |
| **What are the agencies future actions to reduce the risk?** | *Guidance: Continue to support/complete welfare visit/ liaise with other agencies/add warnings to agency systems/referral to other services.* | | | | | |
| **Any other relevant information related to DA?** |  | | | | | |
| **Name(s) of Child(ren)** |  | | | **Date(s) of Birth** | |  |
| **Relationship**  Please include how are they linked to the victim/perp? Do we know if the children have contact with them? Do they live with them etc? |  | | | | | | |

**Please ensure you complete all boxes, particularly your name, the name of the agency or organisation you represent and BOTH your telephone number and email address.**

**REMEMBER you could be putting victims at further risk if you omit this information.**