**MARAC INFORMATION SHARING/RESEARCH FORM**

**This form is designed for a summary of case notes to be provided by all partnership agencies in preparation for MARAC.**

Please provide information as requested below and bring with you to the MARAC meeting. ***This is the only information to be shared at the MARAC***. It is suggested that full case notes are also brought to the meeting which can be referred to during the meeting if necessary but only relevant, concise & proportionate information is required by each agency. If you are unable to attend please ensure this form is given to a representative to share in the meeting on your behalf or email to the MARAC Co-ordinator. It is essential that all dates are provided where requested – these are important in the safeguarding of victims.

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| **Name of Agency** |  | **Name of Core Group Member**Name of person sharing or completing this information on behalf of your agency |  |

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| **MARAC** Circle appropriate MARAC | **EH&B SAD WHH W3R NH&S**  | **Victim Name & DOB**If relevant to your agency |  |
| **Date of MARAC**Date of MARAC that case will be heard |  | **Perp Name & DOB** If relevant to your agency |  |

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| **Last Contact** Last date before the MARAC that the victim was seen or a telephone call had taken place |  | **RA Score** Dash Risk Assessment Score if relevant |  |
| **Latest Incident/Victim engagement**All details of incident (including dates) that led to the referral if you are the referring agency, or *MAX 100 WORDS* if sharing info regarding latest engagement with victim – relevant info only. |  |
| **Last MARAC**Any relevant info/developments (and dates) since last MARAC if applicable – *MAX 100 WORDS* |  |
| **Children/UBB**List any concerns your agency may have based on the risks and the impact this may have on the children. Ensure any relevant dates are given. |   |
| **Housing**Type of tenancy, i.e. privately owned/Housing Association etc. – any rent arrears and info re tenancy agreement/ incidents at the address. Include dates. |  |
| **Health Information/Issues**(Includes HPFT, CGL, HCT, HCS info). Ensure any dates are given. |  |
| **Adult Care Services**Relevant to your agency. |  |
| **Criminal Proceedings/Info**Usually given by Police or NPS/CRC but your agency may have different information. Ensure all dates are given. |  |
| **Risks**Relevant to your agency. |  |
| **Safety measures**Those already in place, required or outstanding. Ensure dates are given. |  |
| **History/Background Info***MAX 100 WORDS*(Includes previous history with other victims/perpetrators). Ensure all dates are given.  |  |
| **Other info**MAX 100 WORDS |  |
| **MARAC wishes** |  |