



# Referral into the Marac process

## About this form

This form, when completed will contain personal information (data) including special category (sensitive) data. You are required to comply with General Data Protection Regulations (GDPR) in the processing (including storage & retention) of this data. Please refer to your internal Data Protection Policy; local Marac Operating & Information Sharing Protocols; the GDPR and the Data Protection Act 2018.

Article 5 of the GDPR sets out seven key principles which lie at the heart of the general data protection regime. These principles should lie at the heart of your approach to processing personal data.

## Compliance

It is the responsibility of the referring agency to comply with GDPR and the seven key principles. Compliance with the spirit of these key principles is a fundamental building block for good data protection practice. It is also key to your compliance with the detailed provisions of the GDPR. Failure to comply with the principles may leave you open to substantial fines.

## Purpose

The purpose of a Marac referral form is to provide only the relevant information required to enable the Marac administrative team to process the personal data and information necessary to populate an accurate agenda to be sent to the relevant agencies listed within the Marac Operating Protocol (MOP), and to maintain accurate records as agreed within the MOP. A separate referral with additional information will need to be completed for referral to Idva.

This form will need to be adapted if the Marac administrative team are required by employers/local protocols to do more than is recommended for their role by SafeLives. Any adaptations and additional processing must be GDPR & DPA 2018 compliant.

Go to the next page for the **Referral form**.



# Referral form

Referring agency	Referring agency is <b><i>required</i></b> to attend Marac meeting to present case, if this is not possible please provide details of the agency representative who will attend and present the case on your behalf (they must be fully informed of up to date information at the date of the meeting).		
Contact name(s)			
Work Telephone / email			
Date			
Name of victim referred		Victim DOB	
Address			
Contact telephone numbers (mobile or landline)		Safe to call?	
GP Surgery (if known)			
Diversity data (if known)	B&ME <input type="checkbox"/> (including Traveller Community) Disability <input type="checkbox"/> (see <a href="#">Guidance</a> ) Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Trans <input type="checkbox"/> Gender M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> Does the person's gender match that assigned at birth? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Perpetrator(s) name (include any known alias)		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)



## Ending domestic abuse

### Reason for referral and lawful basis for sharing this information

NB: Consider relevancy, proportionality and whether the information provided is necessary for the purpose of this referral form.

It is the responsibility of the referring agency to be satisfied that the threshold for Marac is reached (that the victim of domestic abuse is at high risk of serious harm or homicide). It is not necessary for the purpose of this Marac referral form to share details here. It is, however, important to indicate under which criteria the threshold is met:

<b>Professional judgement</b>	Y / N	<b>Visible high risk?</b> (14 yes answers or more on SafeLives Dash risk checklist)	Y / N Score:
<b>Potential escalation in frequency and/or severity of abuse</b>	Y / N	<b>Marac repeat</b> (see 2018 definition <a href="#">here</a> )	Y / N
<b>If repeat, please provide the date listed / case number (if known)</b>			
<b>Has the victim been referred to any other Marac in a different area previously?</b>	Y / N	<b>If yes, please state where &amp; when</b>	
<b>Has the victim been referred to the Idva service?</b>	Y / N		
<b>Is the victim aware of the risk assessment and informed of Marac referral?</b>	Y / N	<b>If no, why not?</b>	
<b>Please confirm the lawful basis for the processing of this personal information (your Privacy Notice or MOP should include the lawful basis as well as the purpose for the processing)</b>			
<b>Under what condition (Article 9 (2) GDPR) is special category data shared? Please detail.</b>			