**SARAC Referral Form**

Completed forms should be emailed to [idva.referrals@cambridgeshire.gov.uk](mailto:idvareferrals@cambs.pnn.police.uk) for the attention of Marac/Sarac co-ordinator.

**Date of Referral:** Click or tap here to enter text.

**Name of Referrer**: Click or tap here to enter text. **Job role:** Click or tap here to enter text.

**Organisation:** Click or tap here to enter text.

**Email:** Click or tap here to enter text. **Telephone:** Click or tap here to enter text.

**CLIENT DETAILS**

**Client consent obtained to refer?** Y N

**Client Name:** Click or tap here to enter text. **DOB:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Gender:** Click or tap here to enter text.

**Ethnicity:** Choose an item.

**Safe contact details for victim:** Click or tap here to enter text.

**Relationship to abuser:** Click or tap here to enter text.

**Occupation/College/School:** Click or tap here to enter text.

**GP Details, including surgery:** Click or tap here to enter text.

**Social Worker details (if involved):** Click or tap here to enter text.

**Details of any other professionals involved:** Click or tap here to enter text.

**Names and DOB of any children or adults at risk**:

|  |  |  |
| --- | --- | --- |
| **Name** | **DOB** | **Relationship to Client** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**ABUSER DETAILS (if known)**

**Name of Abuser:** Click or tap here to enter text. **DOB:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Details of any professionals involved with abuser:** Click or tap here to enter text.

**Any professional organisations the client thinks would be helpful**: Click or tap here to enter text.

**Any professional organisations the client would NOT like to attend, and why**: Click or tap here to enter text.

**Current concerns and risks:** Click or tap here to enter text.

**Why do you believe the SARAC threshold is met and how could multi-agency working improve safeguarding?** Click or tap here to enter text.