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# Multi-Agency Risk Management (MARM) Group Referral Form

Once completed, please email your referral form securely to [MARM@eastsussex.gov.uk](mailto:MARM@eastsussex.gov.uk)

## Referrer details

|  |  |
| --- | --- |
| Name of the person making a referral |  |
| Name of your agency |  |
| Job title |  |
| Email address |  |
| Telephone number |  |
| Authorising Manager’s name |  |
| Authorising Manager’s job title |  |
| Date of referral |  |

## Details of the person being referred

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Date of birth |  |
| Name and address of GP surgery |  |
| Agencies with current involvement (including SPFT and ESHT staff seconded to the Rough Sleepers Initiative) including name and contact details |  |
| What multi-agency functions have been used to reduce risks?  For example: safeguarding, MARAC, MAPPA or mental capacity assessments. |  |
| What risks have not been reduced by multi-agency functions? |  |
| Has the individual given consent to this referral? | Yes  No |
| If the person has not given their consent, please note the reason why. |  |

## Reasons for referral

Briefly outline the reasons for your referral in the answer box below. Include details of your concerns and all the actions undertaken by your agency, or actions which you know about taken by other agencies.

Please include details of any multi-agency interventions and outcomes such as safeguarding adults, MARAC, MAPPA or Mental Capacity assessments.

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## Summary of risks

Please attach your agency risk assessment and provide brief details below of the person’s complex needs.

|  |  |
| --- | --- |
| Domestic abuse and violence |  |
| Poor mental health |  |
| Homelessness |  |
| Drug and or alcohol dependency |  |
| Offending behaviour |  |
| Other complex need(s) |  |

## Desired outcomes

Please explain the reason why you have referred and the outcome(s) that you want to gain from your MARM group referral.

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