**It is important that this information is:**

* **Brief and succinct**
* **Relevant and proportionate**
* **Contains only FACTS, not opinions and please avoid acronyms**
* **Outlines the victim’s concerns and wishes.**

**THIS WILL BE DIRECTLY COPIED AND PASTED BY COORDINATER –**

**ONLY ENTER INFORMATION RELEVANT & PROPORTIONATE TO BE SHARED WITH ALL AGENCIES,**

**PLEASE SHARE ANY OTHER INFORMATION DIRECTLY WITH RELEVANT AGENCY**

**Cases**: **xx**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Case No.** | **Victim Name & DOB** | **Victim Address** | **Perpetrator name, address, dob, relationship to victim** | **Perpetrator Address** | | **Children names, dob, relationship to perp and school** | **Referring Agency, Basis of referral**  **& Brief Comments** |
|  |  |  |  |  | |  |  |
| **MARK HERE IF V/S OR PERP KNOWN TO YOUR SERVICE:** | |  | | | | | |
| **IF YOU MADE REFERRAL:**  What prompted the referral (date of disclosure / incident) and**what information from the referral you want shared with all agencies** | |  | | | | | |
| **IF YOU MADE REFERRAL:**  Update since referral was made | |  | | | | | |
| **ALL**  Brief relevant account of abuse or circumstances known to your agency which the panel needs to be aware of (please include dates) | |  | | | | | |
| Most prominent/concerning risk factors | |  | | | | | |
| Additional factors to consider such as mental health, alcohol, substance use, immigration | |  | | | | | |
| Perpetrator specific considerations | |  | | | | | |
| Children specific considerations | |  | | | | | |
| OTHER CONSIDERATIONS:   * Any other adult / vulnerable adult at risk? * Are details for V/S, Perp, and children correct?   Front Line Worker details, any other agencies involved you’re aware of? Name and CONTACT INFO | |  | | | | | |
| **Actions already taken**  (ie safeguarding referral, support with housing application, civil orders) | | | | | | | |
| **Need identified** | | **Action** | | | **By Who?** | | **Date done** |
|  | |  | | |  | |  |
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| **ACTIONS REQUIRED / VICTIM’S WISHES** | | | | | | | |
| **Need identified** | | **Action** | | | **Requested by Who?** | | **Date to complete** |
|  | |  | | |  | |  |
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