

SERVICE USER CONSENT TO REFERRAL TO THE SAFETY PLANNING MARAC

Name:

I agree to the details of my case being discussed at the Havering Multi-Agency Risk Assessment Conference.

I understand that the purpose of the MARAC is to consider and recommend ways in which local services may provide me with effective protection and support.

I have been given a copy of the Terms of Reference of the MARAC.

I am aware that the MARAC members include nominated representatives from Havering Council, the Police, the Primary Care Trust (Health), Accident & Emergency Department of the Hospital Trust, Mental Health Trust, Victim Support, Women's Aid, Drugs & Alcohol Agencies, and others as appropriate. I understand that these representatives will share information relevant to my case in order to make informed decisions.

I understand that all discussions of the MARAC are strictly confidential, and that no information about me (or my children) will be disclosed to any other agency without prior discussion with me.

I am aware that if I am unhappy with any aspect of the conduct of the MARAC that I should raise these concerns with the MARAC Chair, by contacting the above address.

Signed:

Date: