**MARAC Request for Information**

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| **We are requesting information about:** | | | | |
| Name, DOB, Settings | | | | |
| 1. **Are they known by a different name in your setting?** | **Yes** | | | **No** |
| If different, please provide details here: | | | | |
| 1. **Please confirm address held by the setting:** | | | | |
|  | | | | |
| 1. **Are there any other professionals involved?** | | **Yes** | **No** | |
| If so, please provide details here: | | | | |
| 1. **What are we worried about? – please bullet point below your main concerns in relation to risk.** | | | | |
|  | | | | |
| 1. **What is going well? - please bullet point.** | | | | |
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| 1. **What support can the setting offer? – please bullet point.**   **Please state clearly if they are already accessing this.** | | | | |
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| 1. **Professional observations of child** **– please complete to the best of your ability**   Also consider providing a professional opinion of what a ‘day to day life experience’ for this child is if nonverbal or unable to communicate their views. | | | | |
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| 1. **Professional observations of parents / carers – please complete to the best of your ability**   Also consider providing a professional opinion of what a ‘day to day life experience’ for this adult if they are unable to communicate their views. | | | | |
| *Please be aware that parents/carers are / are not aware of the MARAC Referral.* | | | | |
| 1. **Any additional information.** | | | | |
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Please save a copy to the child’s safeguarding file/record.