**MARVE**

**Person of Concern and Locations of Interest Referral Form**

Please use this form to refer in either a **Person of Concern**: ‘someone who appears to be developing a relationship or friendship based on power over a child by virtue of their age, gender, intellect, physical strength and or economic resources.’

**Location of Interest:** may be varied but could include fast food outlets, parks, taxi ranks, shopping centers, a location where concerning activity may be taking place.

It is recognized that you may not have all the information but as much detail as you are able to provide will assist in decision making and disruption. Once complete please send the referral to [mash@wandsworth.gov.uk](mailto:mash@wandsworth.gov.uk) for discussion at MARVE Panel.

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| --- | --- | --- | --- | --- |
| **Date of referral:** | **Name of Person / Location of Concern:** | | | |
|  |  | | | |
| **Name of Referrer**: | **Date of Birth:** | | | |
|  |  | | | |
| **Organisation:** | **Ethnicity:** | | **Language Spoken:** | |
|  |  | |  | |
| **Agencies Involved:** | **Home / Location Address:** | | | |
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| **Summary of Concerns (include dates and how you know this information)** | | | | |
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| **MARVE DATE** |  | | | |
| MARVE Minutes | | | | |
|  | | | | |
| MARVE ACTION | | by | | Completion date |
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