**VARM MEETING**

***Insert unique VARM ID number***

**A G E N D A**

|  |  |
| --- | --- |
| Date: |  |
| Time: |  |
| Venue: |  |
| Referring Agency: |  |

|  |  |  |
| --- | --- | --- |
| **No.** | **Item** | **Lead** |
| 1. | Welcome, apologies & introductions | All |
| 2. | Overview of the situation* What are the agency concerns?
* What supporting factors are going well?
 | Chair |
| 4.  | Contribution by Adult (or advocate)* Views and what outcome they are seeking
 |  |
| 6. | Contributions from Professionals* Which services have been involved / been refused?
 | Chair |
| 7. | Risk Management plan* Identify key contact / lead for individual
* Identification of risks
* Agreed actions to minimise risk
* Resource requirements
* Triggers for instigating review of plans
* Feedback for the adult (if not present)
* Timescale for review
 | All |
| 8. | AOB |  |