**VARM MEETING**

***Insert unique VARM ID number***

**A G E N D A**

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

|  |  |  |
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| **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 |  |