

**VARM Risk Management Plan:**

***INSERT NAME OF ADULT***

**DOB:**

**Address:**

**Unique VARM ID #:**

**Date of meeting:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **The Risk** | **Potential Consequences of the Risk** | **RAG Score** | **Actions to Mitigate Risk**  (Include additional resources if required) | **By whom** | **By When** |
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| **Triggers for Instigating Review of Plan** | |
| **Situation** | **Action to be taken** |
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| --- | --- | --- | --- |
| **Agreed date to review plan:** |  | **Signature of Chair:** |  |
| **Date:** |  |
| **Signature of Adult (if agreed):** |  | **Date:** |  |