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| --- | --- |
| Meeting Ref: |  |
| Date: |  |
| In attendance: |  |
| Apologies received: |  |

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|  |
| **Has mental capacity been confirmed?** | **Yes** [ ]  **No** [ ]  |
| **Has the adult consented to the meeting?***(if no, please provide details)* | **Yes** [ ]  **No** [ ]  |
| **Views and outcome wishes of the Adult:** |
| **Which agencies have been involved with the adult:****What are the concerns?****What supporting factors are going well?****Where have services been refused and why?** |
| **Risk Management Plan discussions:***(What is discussed regarding the risk, agreed actions to reduce risk, lead agency, timeframe expectations and any opposing views should be recorded here)* |
| **Triggers for instigating Review of Plan Discussion:** |
| **Does the adult agree with the risk management plan?**  | **Yes** [ ]  **No** [ ]  |
| **Timescale for Risk Management Plan Outcome Review:** |
| **AOB:** |