Closure of the VARM:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VARM Reference #:** | |  | | |
| **Date of closure:** | |  | | |
| **Reason for closure:**  Risks removed  Risks remain  No impact |  | **Please provide a brief summary:** | | |
| **Name of Chair:** |  | | **Date:** |  |

Once completed please return to [**WSAB@Warwickshire.gov.uk**](https://warwickshiregovuk-my.sharepoint.com/personal/jennifercoxley_warwickshire_gov_uk/Documents/Desktop/VARM%20Documents%20to%20WSEB/Supporting%20Documents/WSAB@Warwickshire.gov.uk)