**North Somerset Council**

**Review Multi-Agency Risk Management (MARM)**

**Meeting Agenda**

**This document has been approved by North Somerset Safeguarding Adults Board**

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| **Date of Meeting:** |
| **Attendees:** *Name and Agency* |
| **Apologies:** *Name and Agency* |

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| **Reminder: Confidentiality and Information Sharing** |

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| **Person’s Details:**  Name:  D.O.B:  Address: |
| **Background and presenting circumstances (referrer)** |
| **Person’s view** |
| **New and relevant information from agencies** |
| **Risk identification and mitigation** |
| **Does this case need to remain open to MARM?** |
| **If yes, date of review meeting:** |
| **If no, complete ‘Closure Summary’ form.** |