**North Somerset Council**

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

**This document has been approved by North Somerset Safeguarding Adults Board. Instructions on how to use this plan are below.**

Name of person at risk:………………………… Date of Birth:………………………… Date of review meeting : ……………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What is the concern?***What is the risk? Potential harm caused to person or someone else.* | **Date of Meeting** | **What could be done to reduce the risk?** | **Agency**  | **Update***Has the risk increased, reduced or been mitigated? Record any new actions and the agency responsible.* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |