**North Somerset Council**

**Multi-Agency Risk Management (MARM) Closure Summary**

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

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| **Adult at Risk** | Full Name (inc. pronouns):  |
| Date of Birth: |
| Address: |
| Ethnicity: |
| Home Phone Number: |
| Mobile:  |
| Email: |
| Preferred Language: |

|  |  |
| --- | --- |
| **Summary of Concerns:** |  |
| **Referrer:** |  |
| **Date of Referral:** |  |
| **Date Discussed at Initial MARM Meeting:** |  |
| **MARM Review Meeting Held?** Yes / No |  |
| **Did the person share their view?** Yes/No |  |
| **If Yes, what view did they express and was this achieved?** |  |
| **Reason for Closure:**Record whether the risk was removed, reduced, stayed the same or increased. Record rational for closure to MARM. |  |
| **Will this case be reviewed?** *Record if it was agreed to review the closure at a later date.* |  |