**Restricted**

***INSERT RELEVANT LOGO***

**Self-Neglect and Hoarding Multi-Agency**

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| --- | --- | --- | --- |
| **Adult at Risk of Abuse details** | | | |
| Name: | | | |
| Address: | | | |
| Date of Birth: | Age: | | Gender: Male  Female |
|  | | | |
| Person/Identifier: | | Date of referral: | |
|  | | | |
| GP details: | | | |
| Name of lead agency: | | | |
|  | | | |
| Name of Chair: | | | |
|  | | | |
| Date of Meeting: | | | |
| 1. **Statement of Confidentiality & Equal Opportunities/Completion of Signing in Sheet.** | | | |
| * These were circulated and read, Signing in Sheet confirms agreement. | | | |
|  | | | |
| 1. **Introductions:** | | | |
| * Introductions were made by all those who attended | | | |
|  | | | |
|  | | | |
| 1. **Background** | | | |
|  | | | |
| 1. **Relevant Information Sharing (from each agency represented)** | | | |
|  | | | |

Risk Management Meeting Notes Template

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| 1. **Consideration of Capacity & Potential Need for Advocacy** | | | |
|  | | | |
| 1. **Establish Consent & wishes/desired outcomes of Adult at Risk.** | | | |
|  | | | |
| 1. **Identify Risks – Risk Management & Reduction Plan**   ***Note:*** *The contents of the risk management and reduction plan must be transferred to a separate risk and assessment plan that should be updated as necessary to reflect any changing circumstances.* | | | |
| **IDENTIFY RISK** | **ACTION TO BE TAKEN** | **BY WHOM** | **BY WHEN** |
|  |  |  |  |
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