**Appendix C - Standard Meeting Agenda Template**

**The issues discussed are confidential to the members of this meeting and, as applicable, the agencies they represent. They will only be shared with explicit agreement by the Chair.**

|  |  |
| --- | --- |
| **Name of Adult** |  |
| **Address** |  |
| **Date of Birth** |  |
| **Unique ID** |  |

|  |  |
| --- | --- |
| **Date** |  |
| **Time** |  |
| **Venue** |  |

|  |
| --- |
| **Attendees** (“Sign In” sheet to be completed with all contact details) |
| **Name** | **Role** |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Apologies:** |
| **Name** | **Role** |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Item** | **Subject** | **Lead** |
| **1** | Introductions | All |
| **2** | Reason for the MARM Meeting | Chair |
| **3** | Confirmation of mental capacity & advocacy/support arrangements | Assessor |
| **4** | Contribution by the adult (or advocate/representative) |  |
| **5** | Contributions by involved family or friends |  |
| **6** | Subject matter specialist contributions (eg: police, clinical, medical, etc) |  |
| **7** | Risk Action Planning1. Confirmation of key contact with the adult
2. Agreed Risk Actions (What, Why, When, Who, How)
3. Resource requirements—confirmation of availability
4. Review arrangements
 | ChairMembership |
| **8** | Confirmation of membership & deputizing arrangements | All |
| **9** | Any other issues or queries | All |
| **10** | Date, time, venue of next meeting | Admin |