

MINUTES OF MULTI-AGENCY PLANNING MEETING

Date of meeting:

Venue:

A. Basic Information

Child's name:

Date of birth:

Ethnicity:

Address:

Legal Status:

School/College:

Parent/Carer:

Social worker:

Supervisor:

Date of referral:

Agencies involved:

B. Record Of Attendance

Name of Attendee	Agency	Address	<u>Present/</u> <u>absent</u>

C: Minutes of Meeting

D: Chair's Summary

E: Decisions/Recommendations

i) Level of risk: Low Medium High

ii) Concerns for trafficking:

iii) Potentially involved adults:

- iv) Outcome:**
- Remain within the Protocol**
 - Consideration for Child Protection Procedures**
 - No further action under Protocol**