**Minutes Multi Agency Meeting**

**The [insert family name] Family**

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| **MEETING DETAILS** |
| A **Multi Agency Meeting** was held at [insert location] at [insert time/day/date]. |
| **ATTENDEES DETAIL** |
|  | **Name**  | **Agency** |
| **PF Partnership Worker** |  |  |
| **Chair (if not above)** |  |  |
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| **Apologies** |  |  |
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| **CONFIDENTIALITY STATEMENT** |
| All agencies have a responsibility to protect confidential information in such a way that it can not be accessed inappropriately. All agencies must therefore take into consideration the requirements of the Data Protection Act 1998 whereby all information can be accessed by right by the subject of information.All documentation for the Multi Agency Meeting must be clearly marked and stamped “Confidential”.It is particularly important that those in direct contact with any family member should be clear about the boundaries and consent to disclose.If any issues of confidentiality arises after the Multi Agency Meeting this should be brought to the Family Intervention Project Co-ordinator for advice and decision as to the action to be taken. |
| **FAMILY DETAILS**  |
| **Name** | **Date of Birth**  | **Relationship** |
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| **Item** |  | **Action** |
| **1.** | **Welcome, Introductions and apologies for absence** |  |
| **1.1** |  |  |
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| **2.** | **Purpose of the Multi Agency Meeting** |  |
| **2.1** |  |  |
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| **3.** | **Summary of current situation (information exchange from relevant agencies)**  |  |
| **3.1** |  |  |
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| **5.** | **Date of next meeting** |  |
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|  | **Task Table** |  |
|  | **Name** | **Task #** |
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