**Appendix 5: Record of the Stage 4 Multi Agency Resolution Meeting.**

**The following section is not to be completed by the Referrer**

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| **Stage 4 – Multi–Agency Meeting and Resolution Plan**  **(to be completed at the meeting)** |

|  |  |
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| **Meeting Date:** |  |
| **Meeting Chair:**  **(role and agency)** |  |
| **Review Date (as appropriate):** |  |

|  |  |
| --- | --- |
| **Attendees** | |
| **Name** | **Role and Agency** |
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| **Details of the meeting discussion** |
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| --- | --- | --- | --- |
|  | **Resolution Plan Actions** | **Person responsible** | **Completion**  **Date** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |