**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.** |  |  |  |