**Position of Trust Case Closure Minutes Template**

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| --- | --- | --- | --- |
| **Chair** |  | **Date** |  |
| **Start time** |  | **Finish time** |  |
| **Venue** |  | **Minute Taker** |  |
| **Person in Position of Trust** |  | **Employer and Role** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Present | | |  | | |
| Apologies | | |  | | |
| Non-Attendees | | |  | | |
| Summary of the allegations. | | |  | | |
| Feedback of agreed actions from planning meeting or discussion. | | |  | | |
| Risk Assessment | | |  | | |
| Formal determination of the cases. | | |  | | |
|  | Agreed actions from this meeting | | | By Whom | By When |
| 1 |  | | |  |  |
| 2 |  | | |  |  |
| 3 |  | | |  |  |
| 4 |  | | |  |  |
| 5 |  | | |  |  |
| Strategy for media enquiries. | |  | | | |
| Agree feedback to person in position of trust. | |  | | | |
| Agree feedback mechanism to the referrer and relevant others. | |  | | | |
| A.O.B. | |  | | | |

**This record is issued in the belief that it accurately reflects the meeting. Please contact the chair within 7 days of receipt to record any inaccuracies or omissions. This record is confidential and is not to be reproduced or copied to others without the chair's approval.**