**Position of Trust Planning Meeting 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** | | |  | | |
| **Confidentiality statement read out.** | | |  | | |
| **Detail of the allegations.** | | |  | | |
| **How this is relevant to their employment.** | | |  | | |
| **Relevant Information** | | |  | | |
| **Risk Assessment** | | |  | | |
| **Agree support to person in position of trust.** | | |  | | |
| **Agree feedback mechanism to the referrer (who, what, when.)** | | |  | | |
| **Planning the management of the allegation.** | | |  | | |
|  | Agreed actions from this meeting | | | By Whom | By When |
| **1** |  | | |  |  |
| **2** |  | | |  |  |
| **3** |  | | |  |  |
| **4** |  | | |  |  |
| **5** |  | | |  |  |
| **Strategy for media enquiries.** | |  | | | |
| **Next steps / further meetings.** | |  | | | |
| **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.**