**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.**