**ADULT MEETING INVITATION CHECKLIST**

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| * **For any problems please contact the Safeguarding and Review Team on 01522 553100 or email SafeguardingandReview@lincolnshire.gov.uk.** |

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| **TYPE OF MEETING** | **Choose an item** |

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| **MEETING INFORMATION** | | | | | | | | |
| **MOSAIC ID:** | |  | | | | | | |
| **NAME OF SUBJECT:**  **Family Name is sufficient for confidential cases (i.e A Smith)** | |  | | | | | | |
| **NAME OF REQUESTOR:** | | | |  | | | | |
| **CONTACT NUMBER:** | | | |  | | | | |
|  | | | | | | | | |
| **AGREED DATE OF REVIEW:** | | |  | | | | **TIME OF REVIEW:** |  |
| **As standard - 2 hours will be allocated to this meeting, if you feel it is likely to exceed this duration, please could you specify approximate duration:** | | | | | | | |  |
| **PROPOSED VENUE:** | *\*Please note, if the venue is not an LCC property, this will need booking by the Key Worker/Investigating Officer, and a suitable Risk Assessment will need to be completed by the meeting organiser prior to the meeting taking place.* | | | | | | | |
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| **IS A MINUTE TAKER REQUIRED?** | | | | |  | | | |
| **DO INVITES NEED TO BE SENT?** | | | | |  | | | |
| **HAS THE VENUE BEEN BOOKED?** | | | | | **\*Non LCC Venues must be booked by Adults worker/team** | | | |
| **WHAT IS THE ESTIMATED COMPLEXITY OF THIS MEETING?**  *This will help to ensure that an adequately experienced minute taker is assigned to this meeting.* | | | | | **HIGH**  **MEDIUM**  **LOW** |  | | |
| **PLEASE ADD ANY OTHER COMMENTS OR NOTES:** | | | | | | | | |

| **RISKS IDENTIFIED SECTION**  **(MANDATORY - MUST BE COMPLETED FOR THIS MEETING TO BE CONVENED)** | |
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| **Are there any risks that need to be taken into account**  **e.g. violent behaviour / split meeting for different attendees?** |  |
| **If yes to the above, has a risk-assessment been carried out and the details shared with key professionals involved? (Meeting Chair, Safeguarding Officer etc.)** |  |
| **Do any special measures need putting in place to manage any risks identified for this meeting?** |  |

**INVITATION LIST FOR ADULT CARE MEETINGS**

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| **DETAILS OF SUBJECT / ADULTS** | | | |
| **Where the subject of the meeting requires an invite please provide the detail in the box below.**  **If the subject isn’t to be invited to the meeting please leave this section BLANK.** | | | |
| **Adult (s) / Subject Name:** | **Address:** | **AIS Number:** | **To Be Invited:**  **Yes / No** |
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| **PLEASE LIST BELOW THE INVOLVEMENTS THAT REQUIRE AN INVITATION TO THE MEETING**  **Example Roles provided can be deleted if required** |

| **ROLE** | **NAME** | **ADDRESS / SECURE EMAIL** |
| --- | --- | --- |
| Meeting Chair |  |  |
| Safeguarding Officer/Decision Maker |  |  |
| Key Worker |  |  |
| GP |  |  |
| CQC Officer |  |  |
| Advocate |  |  |
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