

**Derbyshire Safeguarding Adults Board (DSAB)**

**Agency report template for initial VARM meeting**

This form should be completed by a specific agency in the event of being unable to attend an initial VARM meeting. The report will be used by the VARM chair to enable a full multi- agency discussion at the VARM meeting. Please submit your report to the VARM chair prior to the meeting or within the timescales agreed with the Chair.

Please note that very effort should be made to attend the VARM meeting where possible.

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| **Name/VARM case reference number of Adult:** |  |

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| **Date/time of initial VARM Meeting:** |  |

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| **Name and contact information for VARM meeting Chair:** |  |

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| **Name of Professional/Agency completing the report:****Contact Details:** |  |

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| **Summary of specific agency involvement with the adult** |
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| **What is working well?** |
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| **Areas of concern / other risks** |
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| **Further Actions/request for support** |
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| **Making Safeguarding Personal – what information has the adult shared with you/your agency about how they would like to be supported and what they would like to happen during the VARM process?** |
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