**MASE Meeting Convening List**

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| **Young Person’s Name** |  **Referrer’s Details** | **MASE Meeting Date** |
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Please identify all professionals working with the young person including contact details (email address imperative) for parents / carers:

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| **Professional’s Name** | **Organisation**  | **Email Address** | **Telephone Number** | **To be invited to the MASE Meeting?**  |
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