**Review Meeting Before Proceedings Minutes**

|  |  |  |
| --- | --- | --- |
| **Name(s) of Children** | **Date of Birth** | **Mosaic Number** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Parent/Carer** | **Date of Birth** | **Address** | **Parental Responsibility (Yes or No)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Date of Meeting:** |  |
| **Venue of Meeting:** |  |

**Attendees:**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Role:** | **Telephone/Email:** |
|  |  |  |
|  |  |  |
|  |  |  |

**Social Worker update on significant events since last meeting**

|  |
| --- |
|  |

**Parents response to overall summary**

|  |
| --- |
|  |

**Review of Previous Steps and Expectations**

|  |  |
| --- | --- |
| **Previous Step/Expectation** | **Outcome** |
|  |  |
|  |  |
|  |  |
|  |  |

**Next Steps, Safety Plan and Expectations Agreed**

|  |  |  |
| --- | --- | --- |
| **Actions/Expectation** | **By Whom** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Date for Further Review Meeting before Proceedings (if required)**

|  |
| --- |
|  |

**Chair Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Signature** | **Date** |
|  |  |  |  |

*Minutes to be distributed to all attendees within 5 working days.*