



Derbyshire Safeguarding Adults Board (DSAB)

Agency report template for initial MARM meeting

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

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

**Name/MARM case reference
number of Adult:**

**Date/time of initial MARM
Meeting:**

**Name and contact
information
for MARM meeting Chair:**

**Name of Professional/Agency
completing the report:**

Contact Details:

Summary of specific agency involvement with the adult

What is working well?

Areas of concern / other risks

Further Actions/request for support

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 MARM process?