

Practice Tool 3.1 Multi-agency case management meeting agenda

Family and domestic violence multi-agency case management

Region			
Date of Meeting		Time	
Venue			

Present

Name	Department / Agency

Apologies

Name	Department / Agency

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Case management *(information sharing and multi-agency safety planning)*

Item 3	Feedback and review <i>(if relevant)</i>
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Item 4	Other business
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