|  |  |
| --- | --- |
|  | **LAPPP Record of Meeting****This form contains third party information and is not to be further reproduced or disclosed without consent. It is to be kept in the restricted section of agency files.****These minutes may be disclosed upon order of a court.** |
| **OFFENDER INFORMATION**  |
| **Last name/Surname** |  |
| **First name / Forenames** |  |
| **Date of birth** |  |
| **Gender** |  |
| **Aliases (including nicknames)** |  |
| **Prison (where applicable)** |  |
| **Prison Number (where applicable)** |  |
| **Address** |  |
| **Sexual Offender** (please delete as applicable) | **YES / NO** |
| **Violent Offender** (please delete as applicable) | **YES / NO** |
| **Domestic Violence** (please delete as applicable) | **YES / NO** |
| **Hate Crime (from 01/09/2011)** (please delete as applicable) | **YES / NO** |
| **Offender under 18 Years (where applicable)** (please delete as applicable) | **YES / NO** |
| **Significant Concerns Referral** (please delete as applicable) | **YES / NO** |
| **LAPPP DETAILS** |
| **Date of this meeting** |  | **Time Start** |  | **Time End** |  |
| **Date of last meeting** |  |
| **Venue** |  |
| **Chairperson** |  |
| **Person Recording** |  |
| **Category of risk at the commencement of meeting – for review meetings only** (please highlight) | 3 | 2 | 1 | P |
| **Category of risk at the conclusion of meeting** (please highlight) | 3 | 2 | 1 | P |
| **APPOINTMENT OF DESIGNATED RISK MANAGER (at end of review)** |
| **Name** |  |
| **Agency** |  |
| **Address** |  |
| **Telephone number** |  |
| **CONFIDENTIALITY PROTOCOL** |
| *The purpose of this meeting is to share information for the prevention and detection of crime. This information will contribute to the accurate assessment and management of risk of serious harm to the public.**The information that is disclosed is to be considered confidential to those in attendance at the meeting and their agencies. This information should be stringently safeguarded within agencies and should not be disclosed generally, to any other individual or other agency. It should be used only for the purposes of the agreed risk management plan, as information to be shared with the Courts or Parole Commissioners (where applicable) or as part of normal line management accountability.**The decisions of the meeting take account of Article 8.2 ECHR, with particular reference to:**• Public Safety**• The prevention of crime and disorder*• *The protection of health and morals**• The protection of the rights and freedom of others* *The above statement was read aloud by the Chairperson and all those in attendance agreed to abide by its provisions.* *Yes/No* *if No include short explanation* |
| **ATTENDEES** |
| **Name** | **Agency** | **Role** | **Contact Details**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **APOLOGIES** |
| **Name** | **Agency** | **Role** | **Contact Details** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **PREVIOUS LAPPP MEETING RECORD OF DISCUSSION (for review cases only)** |
| **Previous LAPPP Minutes Agreed?** (please highlight) | Yes | No(If not agreed please explain) |  |
| **DESIGNATED RISK MANAGER REPORT** |
|  |
| **SUMMARY OF MULTI-AGENCY DISCUSSION (to include any issues arising from the DRM report, the Chairs summary of the Risk & Protective factors specifc to the individual offender and individual agencies views re Category of Risk.). Where the victim is a child/young person the Chair should clarify with panel members whether the victim has been assessed as being at risk of Child Sexual Exploitation? Likwise the chair should clarifiy with panel members whether offender been identified as a person of interest in respect of Child Sexual Exploitation?** |
| **Chairs Summary of Risk / Protective Factors****Risk Factors:****Protective Factors:****Agency views re Category of Risk:**(delete as applicable)**PBNI:****PSNI:****HSCT:****NIPS:****NIHE:** |
| **CATEGORY OF RISK** |
| **From the information shared at the meeting, what Category of Risk is agreed in this case? (please highlight the Category of risk)** |
| 3 | 2 | 1 | P |
| **SUMMARY OF VICTIM INFORMATION (has the Victim Information Booklet been delivered, by whom & any feedback from the victim? Within this section it is important to include; the victim’s age at the time of offence and current address)** |
| **Name of Victim:****DOB:****Victim’s Age at time index offence was committed:****Current Address:****(If current address is unknown please record action being taken to ascertain address)****Has the Victim Information Booklet been delivered: YES / NO /**  **Not Known** **(if not known action must be set outside RMP to clarify)****If YES please record date of delivery / who delivered booklet:****If NO please record plans for delivery of booklet:** |
| **DISCLOSURE ISSUES (e.g. third party disclosure, media handling etc)**  |
| **Does this need to be considered?** | **Yes/No** (please delete) |
| **If Yes, what is the issue re third party disclosure / media interest?** (please provide brief details) |  |
| **Third Party Disclosure – who will make the disclosure?** |  |
| **Timescale for Disclosure being made?** |  |
| **Is a PPANI 4 Disclosure required?**(if yes, please provide an explanation) | **Yes/No** (please delete) |
| **If issue relates to media, has Communications Team from the lead agency been alerted to the need to prepare a strategy?** | **Yes/No** (please delete) |
| **If Yes, by whom?** |  |
| **If No, who will do this?** |  |
| **SUMMARY OF RISK POSED BY OFFENDER (the summary of risk must be specific to the individual offender & based on current/previous offences/recent behaviour)** |
|  |
| **IDENTIFIED RISKS TO BE MANAGED (this section must record each identified risk)**  |
| **1.** |  |
| **2.** |  |
| **3.**  |  |
| **RISK MANAGEMENT PLAN (this section must detail the action/s required to manage each individual risk & who the action is allocated to)** |
| **Risk 1 Actions:** |
|  |
| **Risk 2 Actions:** |
|  |
| **Risk 3 Actions:** |
|  |
| **ACTIONS OUTSIDE RISK MANAGEMENT PLAN** |
|  |
|  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **DATE, TIME AND VENUE FOR NEXT MEETING** |
| **Date** |  | **Time** |  |
| **Venue** |  |
| **Signature of LAPPP Chair (not required until circulated and checked)** |
|  |
| **Date LAPPP minutes signed** |  |
| **PPANI LINKS ADMINISTRATION** |
| **Date of next LAPPP meeting** |  |
| **Minutes taken by** |  |
| **Date minutes typed** |  |
| **Date minutes distributed** |  |