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**LADO – Referral/ Consultation Form**

**Allegations or concerns about a person working or volunteering with children.**

**Please consider calling the LADO for advice prior to completing this referral form. Any telephone contact made with LADO should be followed in writing by completion of this form.**

**Please note:** A separate form must be completed for each individual subject to an allegation. If the incident concerns more than one child, please input each child’s details on the same form.

**PLEASE COMPLETE AND RETURN THIS FORM WITHIN 24 HOURS OF ALLEGATION DATE (or as soon as possible) BY SECURE EMAIL TO:**

[**LADO@northlincs.gov.uk**](mailto:LADO@northlincs.gov.uk)

This form has been designed to help all agencies working with children record and refer information when it has been alleged that a person who works with children has:

* Behaved in a way that has harmed a child, or may have harmed a child;
* Possibly committed a criminal offence against or related to a child;
* Behaved towards a child or children in a way that indicates she or he may pose a risk of harm to children, or;
* Behaved or may have behaved in a way that indicates they may not be suitable to work with children

**PLEASE PROVIDE AS MUCH INFORMATION AS YOU CAN**

To be completed by the referrer

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| **About the referrer** | |
| **Name of person making the referral:** | Click or tap here to enter text. |
| **Position:**  (full title of your role and team) | Click or tap here to enter text. |
| **Employer:**  (include organisation address) | Click or tap here to enter text. |
| **Working Sector:**  *(please state)**i.e. Police, Children’s Social Care, Health* | Click or tap here to enter text. |
| **Telephone number:** | Click or tap here to enter text. |
| **Email Address:** | Click or tap here to enter text. |
| **Date of the referral to LADO:** | Click or tap to enter a date. |
| **Name of LADO spoken too:** | Click or tap here to enter text. |
| **When the referrer became aware of the concern:**  if there is a delay (more than 24 hours) please state why. | Date: Click or tap to enter a date.  Time: Click or tap here to enter text.  If there has been a delay to refer to LADO, please specify reason below:  Click or tap here to enter text. |

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| **Information about the person against whom the allegation/concern has been made** | |
| **Name:**  name of person should be identified | Click or tap here to enter text. |
| **DOB:** | Click or tap to enter a date. |
| **Gender:** | Click or tap here to enter text. |
| **Home address:** | Click or tap here to enter text. |
| **Ethnicity:**  If known | Click or tap here to enter text. |
| **Additional needs:**  If known, please identify | Yes  No  If Yes, please provide details below:  Click or tap here to enter text. |
| **Occupation and Job Title:**  Please indicate if they have a specific role with children | Click or tap here to enter text. |
| **Name and Address of Agency/setting, including sector:**  e.g. Education, Children’s Social Care, Fostering, Residential, Early Years, Voluntary Sector, Transport, Health, Police, Sport, Faith or Other (please state) | Click or tap here to enter text. |
| **Employment/volunteering base (if different):** | Click or tap here to enter text. |
| **Is the person suspended?**  Please give date when suspended | Yes  No  Unknown  If Yes, please provide date below:  Click or tap to enter a date. |
| **Does this person have children of their own?** | Yes  No  Unknown  If Yes, please provide details below:  Click or tap here to enter text. |
| **Does this person reside in a household with children, or have regular contact with children outside of their employment/volunteering role(s)?** | Yes  No  Unknown  If Yes, please provide details below:  Click or tap here to enter text. |
| **Are you aware of any previous allegations/concerns in respect of this person?** | Yes  No  If Yes, please provide details below:  Click or tap here to enter text. |
| **Any other employment/volunteering role with children and/or young people?** | Yes  No  Unknown  If Yes, please provide details below:  Click or tap here to enter text. |

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|  | |  |  | | **Details of alleged victim(s):** | | | | | | | |  |
| **Full Name** | **Current Address** | | | **DOB** | | **How does the allegation victim know the person of concern?** | **Gender** | **Ethnicity (if known)** | **Parent/ Carer Name and Address** | **Social Worker name, Local Authority details, if applicable** | **Legal Status (if known)** | **Any Disability/ Additional Needs (Specify)** | **Any other agencies/ services involved with the alleged victim(s)** |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Person who works with children is alleged to have …**  Please check all that are relevant: | |
| **Behaved in a way that has harmed a child or may have harmed a child;** |  |
| **Possibly committed a criminal offence against or related to a child;** |  |
| **Behaved towards a child(ren) in a way that indicates they may pose a risk of harm to children;** |  |
| **Behaved or may have behaved in a way that indicates they may not be suitable to work with children.**  consider transferable risk: This can be in relation to actions in their private life where they have behaved in a way which indicates they may not be suitable to work / volunteer with children |  |

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| **Details of the alleged incident/concern** | |
| **Date and Time** | Click or tap here to enter text. |
| **Place of incident/concern:** | Click or tap here to enter text. |
| **Category of Harm:**  Physical; Sexual; Emotional; Neglect | Click or tap here to enter text. |
| **Has the alleged victim sustained an injury?**  Please provide details | Click or tap here to enter text. |
| **Were there any witnesses to the incident / CCTV?**  Please provide details | Click or tap here to enter text. |
| **Are written incident reports available?**  If Yes, please attach to this referral | Click or tap here to enter text. |
| **Is the person of concern aware of this being raised?** | Click or tap here to enter text. |

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| **Brief description of the incident/concern**  **Please use full names of persons involved, and resulting allegation/ concerns:** |
| Click or tap here to enter text. |

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| **What action has been taken regarding the allegation/concern so far?**  Please consider the following:  What immediate safeguarding measures have been put in place, if any?  Have referral to the Police and Children’s Services been made if necessary – if so name and contact details?  Have you consulted with your line manager and/or HR within your organisation, if so what are their views?  Have any decisions been taken about suspension/ alternative duties? |
| Click or tap here to enter text. |

**Any concern about allegations against an individual working or volunteering with children should be referred immediately/ within 24 hours of the incident and directed to:**

**Local Authority Designated Officer**

**Tel: 01724 298293**

**This form should be completed and sent by secure email to**

[**LADO@northlincs.gov.uk**](mailto:LADO@northlincs.gov.uk)