**LADO REFERRAL FORM**

**PLEASE READ**

**This form should be completed when there is an allegation that any person who works with children, in connection with their employment, voluntary activity or personal life, has:**

**• Behaved in a way that has harmed, or may have harmed, a child; or**

**• Possibly committed a criminal offence against, or related to a child; or**

**• Behaved towards a child or children in a way that indicates he or she 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 note these procedures should be applied when there is an allegation that any person who works with children: Has behaved in a way in their personal life that raises safeguarding concerns. These concerns do not have to directly relate to a child but could, for example, include arrest for possession of a weapon.**

**Any concern(s) about a professional should be referred to the LADO within *24 hours* of the incident. (If there is an immediate risk of harm to a child, please contact Police and Merton children’s hub)**

**Merton children’s hub: Tel: 020 8545 4226/ 4227**

**Out of Hours: 0208 770 5000**

**Email: CandFhub@merton.gov.uk**

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| **Details of adult against whom the allegation has been made** |
| Name: |  |
| Date of Birth: |  |
| Ethnicity: |  |
| Gender identity: |  |
| Home address: |  |
| Job title/role: |  |
| Organisation name and address: |  |
| Have any allegations or concerns been made against this person previously. If so, please provide details: |  |
| Does the person have any other contact (through other work and /or volunteering) with vulnerable individuals (children or adults), | Yes [ ]  No [ ]  If yes, please complete information below.  |
| If yes to the above, please provide the name of organisation and address: |  |
| Does the person have children of their own and / or care for children in a personal capacity, either full time or occasionally at home or at another address?  | Yes [ ]  No [ ]  If yes, please complete information below.  |
| Name(s) and dob of children or approximate age: |  |
| Relationship(s) to children: |  |

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| **Details of Person Making the Referral** |
| Name (Forename(s) and Surname): |  |
| Organisation name and address: |  |
| Position held/job title: |  |
| Contact number(s): |  |
| Email address: |  |

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| **Details of child(ren) involved in allegation.*****If the incident concerns more than one child, each child must be named on the same form.*** |
| Name(s): |  |
| Date(s) of Birth: |  |
| Ethnicity: |  |
| Gender identity: |  |
| Home address(s): |  |
| Disability and/ or Special Educational needs | Yes [ ]  No [ ]   |
| Child in care: | Yes [ ]  No [ ]   |
| Responsible authority: |  |
| Is there a child protection plan in place for the child: | Yes [ ]  No [ ]   |
| Name of parent/carer: |  |
| Has the parent / carer been informed? If yes, have they provided their view?  | Yes [ ]  No [ ]  Unknown [ ]  If yes, please provide details. |
| Does the child/young person have a social worker?If YES Please give Contact details (name, email address, tel. No.) | Yes [ ]  No [ ]  Unknown [ ]    |
| Have they been informed? | Yes [ ]  No [ ]  Unknown [ ]   |

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| **Details of the allegation or concern** |
| Date of referral to LADO: |  |
| Date and time of incident: |  |
| Location of incident: |  |
| Have you discussed this allegation with a LADO or LADO business support? If you have, please state who you have spoken to and when: |  |
| Please indicate which category of abuse applies and which threshold you think is met. These procedures should be applied when there is an allegation that any person who works with children: Has behaved in a way in their personal life that raises safeguarding concerns. These concerns do not have to directly relate to a child but could, for example, include arrest for possession of a weapon. | Physical [ ]  Sexual [ ]  Emotional [ ]  Neglect [ ] [ ]  Behaved in a way that has harmed, or may have harmed, a child; or [ ]  Possibly committed a criminal offence against, or related to a child; or [ ]  Behaved towards a child or children in a way that indicates he or she 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. |

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| **Description of allegation or concern:** Please provide as much information as possible including details of any injuries/harm and any witnesses to the incident and any action(s) taken. Please submit any written incident reports / body maps, if available, with the referral form. |
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| **What action(s) has been taken regarding the allegation so far?**Has any immediate safeguarding action been taken?Have referrals to the Police and Children’s Social Care been made (if appropriate)? |  |
| **Do you believe the individual poses a risk of harm to children and young people in the organisation? If yes what action has been taken to mitigate risk.** | Please give details: |

**Thank you for completing this form.**

**Please complete electronically and email to lado@merton.gov.uk**

**Should you have any queries please contact the Duty LADO on 0208 545 3187/3179**