LADO REFERRAL

**Allegations against adults who work with children**

This form is to be used in cases in which it is alleged that a person who works with children (either paid / unpaid/self-employed) 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 they may pose a risk of harm to children.**
  + If the allegation meets any of the above criteria, the employer should report it to the LADO **within 1 working day**. Referrals should not be delayed to obtain further information
  + For services regulated/inspected by **OFSTED**, the provider should notify them of the allegation.
* Please complete this form and send it to the Redbridge LADO at the Safeguarding and Care Planning Team (020 8708 5350/5150/5173)

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

* It is advisable to consult the LADO (or nominated IRO in the LADO’s absence) on one of the above numbers before making a referral. Alternatively contact and referral to CPAT ([CPAT.Referrals@redbridge.gov.uk](mailto:CPAT.Referrals@redbridge.gov.uk)) on 020 8708 3885 can be made.

If immediate action is required to protect a child, please discuss this with the LADO. Outside of office hours, contact the Emergency Duty Team (Tel. 020 8554 5000) or local Police (Met switchboard – 101 or in an emergency 999)

SUBJECT OF ALLEGATION:

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| --- | --- | --- | --- |
| First Name: |  | Surname: |  |
| D.O.B: |  | | |
| Gender: |  | | |
| Ethnicity: |  | | |
| Disability: |  | | |
| Job Title/Role: |  | | |
| Type of Employment: |  | | |
| Employing Organisation/  Resource Name: |  | | |
| Employing Organisation/  Resource Address: |  | | |
| Employment Sector: |  | | |
| Other Roles: |  | | |
| Home Address: |  | | |
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DETAILS OF CHILDREN UNDER 18 IN THE SUBJECT’S HOUSEHOLD:

Please note - if the allegation is against a foster carer, all children in the placement will need to be considered, including the foster carer's children.

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| Name:  D.O.B:  Protocol number (if known): |
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DETAILS OF CHILD/REN CONCERNED:

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| --- |
| Name:  D.O.B:  Address:  Parents name and contact details (if living at home)  Protocol:(if known):  Is child known to Redbridge?  Is the child known to another LA? If so, which?  Please give a brief summary of reason/s:  Is the case currently open?  Allocated social worker and contact details:  **If child/ren has an allocated social worker please copy this referral to them.** |
| Name:  D.O.B:  Address:  Parents name and contact details (if living at home)  Protocol:(if known):  Is child known to Redbridge?  Is the child known to another LA? If so, which?  Please give a brief summary of reason/s:  Is the case currently open?  Allocated social worker and contact details:  **If child/ren has an allocated social worker please copy this referral to them.** |
| Name:  D.O.B:  Address:  Parents name and contact details (if living at home)  Protocol:(if known):  Is child known to Redbridge?  Is the child known to another LA? If so, which?  Please give a brief summary of reason/s:  Is the case currently open?  Allocated social worker and contact details:  **If child/ren has an allocated social worker please copy this referral to them.** |

**Referrals should be made as soon as possible and in any event the LADO notified within 1 working day**

The child/ren know/s about the referral: If no, state reason:

The parent knows about the referral: If no, state reason:

The carer (if applicable) knows about the referral: If no, state reason:

BRIEF ACCOUNT OF ALLEGATION:

|  |
| --- |
| Category of Abuse (if relevant): |

ACTION TAKEN BY EMPLOYING ORGANISATION/RESOURCE:

HISTORY OF CONCERNS/PREVIOUS ALLEGATIONS & OUTCOMES:

# PLEASE PROVIDE DETAILS OF SIGNIFICANT PROFESSIONALS INVOLVED WITH THE ADULT AND CHILD/REN:

This should include the Senior Manager and HR advisor for the employing organisation and the child’s social worker if there is one. For foster carers, include the supervising social worker/fostering agency manager

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| --- |
| Name:  Designation:  Work address:    Contact Number/email: |
| Name:  Designation:  Work address:    Contact Number/email: |
| Name:  Designation:  Work address:    Contact Number/email: |
| Name:  Designation:  Work address:  Contact Number/email: |

OTHER RELEVANT INFORMATION:

FORM COMPLETED BY:

Name:

Job Title/Role:

Employing organisation:

Sector:

Contact details:

Date: