****

**LADO REFERRAL FORM – for Professionals**

|  |  |
| --- | --- |
| **Date of referral** | Select Date  |

|  |
| --- |
| **Section A** – only complete form if you can answer ‘**Yes**’ to Q1 and at least one of the other 4 questions |
| Does this person **work** in the wider **children’s workforce** in **Wokingham** | Select  |
| **Has this person met the Harm Threshold:** |
| 1. Behaved in a way that has harmed a child or may have harmed a child?
 | Select  |
| 1. Possibly committed an offence against or related to a child?
 | Select  |
| 1. Behaved towards a child or children in a way that indicates that he or she would pose a risk of harm to children if they work regularly or closely with them?
 | Select  |
| 1. Behaved in a way that indicates they may not be suitable to work with children? (includes transfer of risk, risk by association)
 | Select  |

Please note that if you are **unsure** whether a referral should be made you can call the LADO Service on **0118 9746141** and ask to speak with the **LADO** who would be happy to advise you.

|  |
| --- |
| **Section B - The Person Being Referred** *(if more than one person involved, please complete separate forms)***\*Sections are mandatory, and every effort should be made to complete before submitting the referral. If key data is missing the referral may be returned to you due to the LADO Service not being able to proceed.**  |
| **Full name of Person being referred \*** |  | **Date of Birth \* / age** |  |
| **Previous names known (including maiden/aliases)\*****Record unknown if do not have the information** |  | **IF A FOSTER CARER-Do they have a partner?** | Select  |
| **Full Name of partner** |  |
| **Gender \*** | Select  | **Partner’s Date of Birth \*** |  |
| **Home Address \*** |   | **Disability (if known)** | Select  |
| **Ethnicity** | Select  |
| **Employer’s name and address (including Agency & Voluntary organisations) \*** |  |
| **Job Title /Role \*** |  | **Start date of current employment \*** |  |
| **What contact does the person have with children in that role?**  |  |
| **Is this their main/substantive role?**  | Select  |  |
| **Does the person have any other contact (through work/volunteering with children?) Please provide details if known** |   | **Is the person aware that a referral has been made to the LADO?**  | Select  |
| **Have there been previous concerns or allegations against this person? If yes, please give details**  |   | **Does this person live with children?** | Select  |
|  |
| **Section C - Details of Child Involved** *(if applicable)* **or adult** *(if historical)* |
| **Full name of Child** |   | **Date of Birth** |   |
| **Gender** | Select  | **Disability**  | Select **If Yes:**   |
| **Ethnicity** | Select  | **SEN**  | Select **If Yes:**   |
| **Home Address** |  | **Is this child in care?** | Select  |
| **Details of Parents or Local Authority (and social worker) if child is in care** |   | **Are parents or social worker aware of incident?** | Select  |
|  |
| **Section D - DETAILS OF THE ALLEGATION/CONCERN** |
| **What is the nature of the allegation, concern or harm caused or posed by this individual?**  | Click to select  | **Has child been harmed or sustained an injury?** | Select | **Is this a historical allegation?** | Select  |
| Please provide details of incident that have given rise to the concerns (please provide as much information as possible including details of any other children involved, injuries/harm suffered, dates and location, details of any witnesses and any actions/decision that have been taken)Date, time and location of Incident\*:  Details:Any Actions taken so far?

|  |
| --- |
| **Section E -** |
| **Have you informed the member of staff (MOS) you have made a referral?** |  Select  | **Date informed and details of what information was shared?** |  |
| **Reason for not informing MOS at this stage:** |  |

*Please note it is expected the MOS is informed about an allegation made against them and to work transparently and timely with them. If MOS has not been informed at the point of the referral, possibly due to safeguarding reasons, the LADO will discuss with the referrer how and when this should be undertaken.* |
| **Section F - Details of Person completing this form.** |
| **Your name \*** |   | **Your Role \*** |   |
| **Telephone Number \*** |   | **Email address: \*** |   |
| **Organisation Name and Address \*** |  |
| **Are you the person with lead responsibility for allegation management in your organisation?** | Click to select  | **If no, what is the name and contact details of your lead person?** |   |

**For Office Use only**

|  |
| --- |
| **Section G** |
| **LADO Scoping and rationale** |
| **Name of allocated LADO** |   |
| **Does this referral meet the threshold for LADO procedure?****What is the categorisation?****(Allegation, Consultation or For information only)** |   |
| **Advice given with Rationale around:*** **Immediate safeguards**
* **Triangulation of known information – context, searches, complicating factors**
* **Welfare support**
* **Next steps/sign posting**

**(using the Quality Assurance Practice framework)** |   |
| **Search Results** | **MOS -****YP -****SETTING -** |
| **Mosaic ID (MOS)** |   | **Mosaic ID (Child)** |   |

***Note: To be completed electronically and emailed as a ‘word document only’ to*** ***lado@wokingham.gov.uk***

***All allegations (and where you are unsure) must be notified to the LADO within 1 working day (24 hours)***

***Please ensure the child/ren are safeguarded by making a referral to the Childrens Social Work Services where appropriate.  This is separate from the LADO referral.***