

# **LADO Referral Form**

This form must be filled in and sent to the Local Authority Designated Officer (LADO) in Bedford Borough in every case where it is *alleged* that a person working with children has

* behaved in a way that has harmed 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 indicated s/he is unsuitable to work with children
* behaved or may have behaved in a way that indicates they may not be suitable to work with 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. If immediate emergency action is required to protect a child please contact the police 999.

|  |  |
| --- | --- |
| **Email Address** | [**lado@bedford.gov.uk**](mailto:lado@bedford.gov.uk) |
| **Phone Number** | **01234 276693**  **01234 718022** |

When receiving an allegation:

* Treat it seriously and keep an open mind
* Do not investigate
* Do not make assumptions or offer alternative explanations
* Do notpromise confidentiality
* Record the details using the child/adult’s own words
* Note time/date/place of incident(s), persons present and what was said
* Sign and date the written record
* Do not tell the member of staff/volunteer if this might place the child at risk of significant harm or jeopardise any future investigation.
* Please send in all supporting documents with this form

## **Referrer Details**

|  |  |
| --- | --- |
| Date of referral |  |
| Referrers name |  |
| Referrers job title |  |
| Place of work & address |  |
| Tel number |  |
| Email |  |

## **Details of person/s subject to the allegation**

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Job title |  |
| DOB |  |
| Home address |  |
| Length of employment |  |
| Status of the employment e.g. full/part time, agency |  |
| If agency please give contact details of employer |  |
| Any previous allegations? |  |
| Does this person work in any other capacity with children either paid/unpaid? |  |
| Does this person have children of their own? If so please give their details |  |

## **Allegation Details**

|  |  |
| --- | --- |
| Date incident |  |
| Date allegation reported |  |
| Full give full details of the allegation |  |
| Who has made the allegation? e.g. child, parent, other |  |
| What action if any has been taken regarding the allegation? |  |
| Is there an injury? Has medical advice been sought? |  |
| Are the parents/carers of the child aware of the allegation? |  |
| What is the child/young persons views? |  |

## **Details of potential victim/child**

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| DOB |  |
| Gender |  |
| Parents names/Home address/placement address |  |
| Who has PR for the child/young person? Is the child LAC/CP Plans? |  |
| Issues of disability/communication/literacy for child or parent/carer |  |
| Details of relevant professionals involved i.e. Social Worker  (Name/Phone Number/Email address) |  |

## **Please give details of any other information of relevance**