**LADO Contact / Referral Form**

**All new LADO related information/referrals, including advice and guidance must be included on this contact / referral form. The form must then be completed and returned to the email address below before any consultations with LADO will take place.**

Please email completed referrals forms to:

 email: LADO@dcstrust.co.uk

If you are concerned that a child may be at risk of immediate harm do not wait for a response from the LADO and contact Doncaster Children’s Services Trust, Office hours 01302 737777, Out of Hours 01302 796000 or Police phone 101 or in an emergency 999

**For reporting allegations against staff, carers and volunteers working with children within Doncaster Metropolitan Borough Council**

This form must be completed WITHIN 24 HOURS and sent to the Local Authority Designated Officer (LADO) in Doncaster Children’s Service Trust in every case where it is *alleged* that a person working with children has

* **Behaved in a way which 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 that they may pose a risk of harm to children;**
* **Behaved, or may have behaved, in a way towards a child or adult that indicates they may pose a risk of harm to children.**

Doncaster Safeguarding Children Partnership – online procedures for

Responding to Allegations Against Staff, Carers or Volunteers, can be found at:

[https://doncasterscb.proceduresonline.com/p\_alleg\_against\_staff.html#](https://doncasterscb.proceduresonline.com/p_alleg_against_staff.html)

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| **Section 1.** |
| **Date referrer became aware of the concerns:** | **Date referral received by LADO:** |
|  |  |
| **Name of person making the referral:** | **Referrer’s job title:** |
|  |  |
| **Name of Agency/organisation:** | **Place of work & address:** |
|  |  |
| **Telephone:**  | **E-mail (secure if possible):** |
|  |  |
| **Please attach any relevant incident reports to this form** |
| **Before making this referral, who else has been consulted?****e.g. HR advisor, your organisation’s own safeguarding advisor or any other relevant person/organisation** |
|  |
| **Section 2.** **PLEASE NOTE - The accused adult must not be informed of the allegations before consideration has been given to the implications this may have on any subsequent investigation** |
| **When considering the allegation, which of the following best describes the way the accused adult may have acted?** (Please tick whichever is relevant) |
|  | Behaved in a way which 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 that they may pose a risk of harm to children; |
|  | Behaved, or may have behaved, in a way towards a child or adult that indicates they may pose a risk of harm to children. |
| Category of Abuse Alleged **–** (Please tick whichever is relevant)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Physical | Emotional | Sexual | Neglect | Conduct |
|  |  |  |  |  |

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| **Who has made the allegation? e.g. child, parent, other professional etc.**  |
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| **Give full details of the allegation. If there is an allegation of an injury please describe** |
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| **What action if any has been taken regarding the allegation?**  |
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| **Are written incident reports available and if so by whom? Please supply if available.**  |
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| **If there has been a delay in reporting the allegation (more than 24 hours), please state why** |
|  |
| **Who else has been informed regarding the allegation?** |
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| **If necessary has any immediate action been taken to safeguard any child or a referral made to either Children’s Social Care and/or the Police.**  |
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| **Section 3. Details of person/s subject to the allegation** (please repeat box if more than one person) |
| First name |  |
| Surname |  |
| Title |  |
| Job title |  |
| Place of work |  |
| Date of birth |  |
| Home address |  |
| **If agency etc please give contact details** |
|  |
| **If this person works in any other capacity with children either paid/unpaid please give details** |
|  |
| **Does this person have children of their own (less than 18yrs old)? If so please give their details**  |
|  |
| **Has any action been taken regarding the accused adult in relation to suspension, or alternatives to suspension? If so please give details.**  |
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| **Other information of relevance re the accused adult and the allegation** |
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| **Section 4. Details of potential victim/child** (please repeat box if more than one child) |
| First name |  |
| Surname |  |
| Date of birth |  |
| Gender |  |
| Home address |  |
| **Please summarise any disability, communication or mental health difficulties the child may have** |
|  |
| **Does the child have an allocated social worker or other key professional working with them? If so please give their name, contact details (tel No. & email) and role.**  |
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| **Other information of relevance re this child/young person and the allegation** |
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| **What steps are you taking to obtain any missing information on this form and when will this be available?** |
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**Please give details of any other information of relevance**

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**Referrer’s signature:**

(Please add electronically if referring by email if possible)

**Please return to:** Email: LADO@dcstrust.co.uk