**REFERRAL TO LOCAL AUTORITY DESIGNATED OFFICER (LADO)**

**ALLEGATION/CONCERN AGAINST AN ADULT WORKING WITH CHILDREN**

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| **DATE OF REFERRAL (i.e. notification to LADO)** |  |
| **DETAILS OF REFERRER** |
| **NAME** |  |
| **REFERRERS AGENCY** |  |
| **ADDRESS** |  |
| **REFERRERS CONTACT TELEPHONE NUMBER** |  |

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| **DETAILS OF ADULT SUBJECT OF ALLEGATION/CONCERN** |
| **NAME** |  |
| **DOB** |  |
| **ADDRESS** |  |
| **EMPLOYMENT DETAILS (EMPLOYER)** |  |
| **EMPLOYMENT DETAILS (ROLE)** |  |
| **FAMILY COMPOSITION** |  |
|  |  |
| **DISABILITY** | **NO** |  | **YES** |  | **TYPE OF DISABILITY (If YES)** |  |
| **RELATIONSHIP TO CHILD/REN (i.e. Alleged victim(s))** |  |

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| **CHILD/REN MAKING ALLEGATION/CONCERN** |
| **NAME** | **DOB** | **ADDRESS** | **DISABILITY (y/n)** | **TYPE OF DISABILITY** | **ETHNIC ORIGIN** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |

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| **PARENT/CARER DETAILS** |
| **NAME** | **ADDRESS** | **CONTACT TELEPHONE NUMBER** | **RELATIONSHIP TO CHILD** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |

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| **ALLEGATION/CONCERN** |
| **DATE OF INCIDENT** |  | **TIME OF INCIDENT** |  |

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| **DETAILS OF INCIDENT (including place of incident)** |
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| **DETAILS OF ANY IMMEDIATE ACTION TAKEN** |
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