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

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** |  |  |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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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