**Local Authority Designated Officer (LADO) Referral Form**

If there is an allegation against an adult who works with children, please complete this form (which must be fully completed) and emailed within 24 hours to the LADO in box: [LADO@plymouth.gov.uk](mailto:LADO@plymouth.gov.uk)  This in box is constantly monitored during working hours.

**The adult may have:**

* Behaved in a way that has harmed or may have put a child (ren) at risk of harm.
* Possibly committed a criminal offence against, or related to, a child (ren); or
* Behaved towards a child (ren) in a way that indicates they may pose a risk of harm and/or is unsuitable to work with children; or
* Behaved or may have behaved in a way that indicated they may not be suitable to work with children.

**This could also include:**

* Behaved in a way inside or outside of their employment which may pose a risk of harm to children with whom they work or are in contact with.
* Contravened or has continued to contravene safe practice guidance given by his or her employer and/or Regulatory Body.
* Exploited or abused their position of power.
* Failed to understand or recognise the need for clear personal boundaries in their work with children.
* Becomes the subject of Criminal Proceedings relating to a child or adult which may indicate risk to children, e.g., assault, domestic violence, sexual offences against another adult(s).
* Become the subject of a Section 47 Enquiries under Child Protection procedures.
* The individual subject to the allegation or concern occupies a ‘position of trust’.

The LADO will contact the referrer after screening the referral to further discuss the next course of action.

If you are also concerned that a child may have been harmed, please make the referral to Plymouth MASH on [MASH@plymouth.gov.uk](mailto:MASH@plymouth.gov.uk)

When an allegation is disclosed/reported:

* **Do** treat it seriously and keep an open mind.
* **Do not** investigate but please make further enquiries about the incident (e.g., When, where, what how?)
* **Do not** make assumptions or offer alternative explanations.
* **Do not** promise confidentiality.
* **Do not** tell the member of staff/volunteer if this might place the child at risk of significant harm or jeopardise any future investigation.
* **Do** record the details using the child/adult’s own words.
* **Do** sign and date the written record.
* **Do** make sure the adult has been removed from the situation.

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| **Referrer Details** | |
| **\*Name:** | **\*Job Title:** |
| **\*Organisation Name:** | **\*Telephone Number:** |
| **\*Organisation Address:** | **\*Email address:** |
| **\*Date referral sent to LADO:** | **\*Time referral sent to LADO:** |

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| **Child details about whom the allegation refers** | | | |
| **Full Name:** | | | |
| **DOB:** | **Ethnicity:** | **Religion:** | **Sex:** |
| **Full Home Address:** | | | |
| **School/College/Workplace:** | | | |
| **\*Additional information e.g., disability, communication or other special needs, previous child protection concerns etc.:** | | | |
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| **Child’s family details** | | | |
| **Parent/Carer’s Name** |  | | |
| **Relationship** |  | | |
| **DOB or Age** |  | | |
| **Ethnicity** |  | | |
| **Religion** |  | | |
| **Full Home Address** |  | | |
| **Telephone Number** |  | | |
| **Email Address** |  | | |

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| **Professional or volunteer concerned - the person(s) about whom the allegation/concern has been made** | | | |
| **Full Name:** | | | |
| **DOB:** | | **Sex:** | |
| **Telephone Number:** | | **Ethnicity:** | |
| **Email Address:** | | **Religion:** | |
| **Full Home Address:** | | | |
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| **Name of organisation:** | | **Job Title/Role:** | |
| **Full Employment Address:** | | | |
| **How long have they been employed by you?** | | **Which of following best describes the Employing Agency?**   * Statutory ☐ * Voluntary ☐ * Private ☐ | |
| **Additional information** | | | |
| **Does the worker have children of their own under the age of 18?**   * Yes ☐ * No ☐   **If yes, do they live with the child(ren)?**   * Yes ☐ * No ☐ * N/K ☐ | | | |
| **Details of any previous allegations/concerns regarding this worker:** | | | |
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| **Details of allegation** | | | |
| **What date did it happen?** | **What time did it happen?** | **Where did it happen?** | **Did the child make the disclosure?** Yes ☐ No ☐ |
| **Were there any witnesses?** Please provide their name | | | |
| **Is the allegation in the worker’s personal life?** Yes ☐ No ☐ | | **Is the allegation in the worker’s professional life?**  Yes ☐ No ☐ | |
| **Nature of allegation:** | | **Was this an authorised physical restraint?**  Yes ☐  No ☐  N/A ☐ | |
| **Tell us what happened (in addition to this information, any statements or documents can also be submitted as part of the referral)** | | | |
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| **Has the child been spoken to about this incident?** If yes, give details | | | |
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| **Has the child’s parents or carers been informed?** If yes, give reason and details | | | |
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| **Has the professional or volunteer been informed?** If yes, please give reason and details | | | |