**LADO Consultation/advice**

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| **Date of Contact:**  |
| **Name of Referrer:**  |
| **Referrer’s contact details:** |
| **Organisation of Referrer:**  |
| **Reason for Seeking Consultation/Advice having given consideration to the criteria for LADO oversight:*** **Behaved in a way that has harmed or may have harmed a child**
* **Possibly committed a criminal offence against children, or related to a child**
* **Behaved towards a child or children in a way that indicates they may pose a risk of harm to children**
* **Behaved or may have behaved in a way that indicates they may not be suitable to work with children.**

**IF YOU CONSIDER THAT ANY OR ALL OF THE ABOVE HAVE BEEN MET, PLEASE SUBMIT A REFERRAL AND NOT AN ADVICE FORM.****SUBMIT AN ADVICE FORM IF YOU ARE UNCERTAIN THAT YOUR ISSUE MEETS THRESHOLD AND WISH TO DISCUSS FURTHER WITH A LADO.** **PLEASE BE AWARE THAT IF YOU CHOOSE TO SUBMIT AN ADVICE FORM WE MAY NOT BE ABLE TO RESPOND TO YOU WITHIN ONE WORKING DAY DUE TO THE HIGH VOLUME OF REFERRAL FORMS WE RECEIVE****Thank you** |
| **Record of advice given to be completed by the LADO** |
| **Has the referrer been advised to submit a notification form as criteria for LADO oversight may have been met?** |
| **Date advice given:**  |
| **Confirm referrer has informed the adult concerned:**  |