

Referral to BCP LADO Service or request for advice:

Allegations Management, against a person within a 'Position of Trust', involving harm towards CHILDREN.



**Highly
Confidential**

Does the 'Adult of Concern' have contact within a position of trust with: Adults:

Children:

Are you completing a Referral Form or requesting Advice/Guidance: Referral Form:

Advice/Guidance Required:

Threshold: Referral form for an alleged incident of concern where it is believed that a member of staff who is in a 'position of trust', either paid or unpaid has:

- behaved in a way that 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 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 for instance in their private lives that might indicate any of the above conditions.

Once completed, please send via email to the BCP LADO Service at: lado@bcpcouncil.gov.uk

NOTE: If a concern is about significant harm, please contact **MASH** via email childrensfirstresponse@bcpcouncil.gov.uk and **POLICE** via **999** as a priority.

Please complete individual referrals if there is more than one individual in a position of trust, as the referral must be uploaded to individual's file.

Referrer details:

Date of Referral to LADO:	
Date of Alleged Incident:	
Date of when you became aware of the Incident:	
Referrer Full Name:	
Referrer Work Address:	
Designation:	
Telephone No:	
Email Address:	

Details about the adult of concern who is in a 'Position of Trust':

Full Name:	
Date of Birth:	
Home Address:	

Telephone No:	
Gender:	
Ethnicity:	
Any additional needs e.g. disability, speech/lang:	
If the adult of concern lives with children or has children of their own, please give details:	
If the adult of concern is known to work with children elsewhere, please give details:	
Is the person aware of LADO referral?	

Details about the Job/Volunteer role:

Job/Vol role title:	
Brief description of duties:	
Employer Full Name:	
Employer Full Address:	
Work base address if different from above:	
Sector:	
Regulatory Body:	
DBS status (standard or enhanced), date of issue and renewal due date:	
Have you seen a copy of the person's DBS, and does it contain any cautions, convictions and/or any other information relating to safeguarding:	

Advice and Guidance Required:

Please give a summary of the advice and guidance you would like the LADO to comment upon:	
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Details of the alleged incident, allegation, or concern:

Where - Location:	
When - Date and time:	
What - is alleged to have happened?	

Please tick below:	
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Physical abuse	Emotional abuse	Neglect	Sexual abuse	Transferable risk in private life	Unsuitable	ICT Related	Intra-familial abuse

Any previous concerns about the adult of concern who is in a 'Position of Trust'?

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Details of child/children involved:

Full Name(s):		
Date of Birth:		
Address:		
Telephone No:		
Gender:		
Ethnicity:		
Any additional needs e.g. disability, speech/lang:		
Does child have a Social Worker? Mosaic ID?		
Social Worker's Full Name:		
Social Worker's Contact details - email/telephone no:		
Child's legal status/plans:		
Independent Reviewing Officer's Full Name:		
Are parents aware of the referral? Details of Parents:		

Witnesses:

Full Name of Witness:	
Role:	
Address:	
Contact details:	
Full Name of Witness:	
Role:	
Address:	
Contact details:	

If any actions have been taken so far, please describe for instance to safeguard the child:

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After receipt the LADO will contact you by email or telephone.

RESTRICTED FORM FOR LADO PURPOSES ONLY/NOT FOR DISTRIBUTION

Thank You.

