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| **ALLEGATIONS MANAGEMENT:**  **ALLEGATIONS OR CONCERN ABOUT A PERSON WORKING WITH CHILDREN** |  |
| **Concern about a member off staff or a volunteer working with children** | | |
| If a professional receives an allegation or has a concern about the behaviour of a member of staff working or volunteering with children and that concern could amount to:   1. A member of staff or volunteer has behaved in a way that has harmed a child, or may have harmed a child, or 2. Possibly committed a criminal offence against or related to a child, or 3. Behaved towards a child or children in a way that indicates s/he may pose a risk of harm to children. 4. Behaved or may have behaved in a way that indicates they may not be suitable to work with children. | | |

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| 1. **NAME Of REFFERER AND AGENCY** | | | |
| **Name** |  | | |
| **Agency** |  | **Job Title/Role:** |  |
| **Tel No:** |  | **Email** |  |

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| 1. **NAME OF REFERRED PERSON** | | | | | | | | | | | |
| **Family Name** | |  | **Given Name** |  | | | | **DoB:** | |  | |
| **Home Address:** | |  | | **Tel No:** |  | | | | | | |
| **Email** |  | | | | | | |
| **Job Title/Role:** | |  | **Ethnicity** |  | | **Gender:** | | | **Male** | |  |
| **Female** | |  |
| **Workplace Address:** | | | | | | | | | | | |
| **Employing Agency:** | | | | | | | | | | | |
| **Own Children:** | | | | | | | | | | | |
| **Name** |  | | | | | | **DoB:** | | |  | |
| **Name** |  | | | | | | **DoB:** | | |  | |
| **Name** |  | | | | | | **DoB:** | | |  | |
| **Have there been any prior concerns regarding this person/persons:** | | | | | | | **Yes** | | |  | |
| **No** | | |  | |
| ***(If yes please give details, dates and outcome)*** | | | | | | | | | | | |

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| 1. **DETAILS of CHILD(REN) or YOUNG PERSON** | | | | | | | | | |
| **Family Name:** |  | **Given Name** |  | | | **DoB:** | |  | |
| **Home Address:** |  | | **Ethnicity** |  | **Gender:** | | **Male** | |  |
| **Female** | |  |

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| 1. **REASON FOR REFERRAL** | | | | | | | | |
| **Date of incident/Allegation** |  | | **Time of Incident/Allegation** |  | | | | |
| **Location of incident/Allegation** |  | | | | | | | |
| **REFERRAL INFORMATION: Include details if any injuries/harm** | | | | | | | | |
|  | | | | | | | | |
| **Name of Potential Witness(es)** | |  | | | **Tel No:** |  | | |
| **Email** |  | | |
| **Name of Potential Witness(es)** | |  | | | **Tel No:** |  | | |
| **Email** |  | | |
| **ADDITONAL ACTION TAKEN / INFORMATION AFTER THE INCIDENT OR ALLEGATION WAS MADE** | | | | | | | | |
|  | | | | | | | | |
| **Have any immediate safeguarding concerns been addressed?** | | | | | | | **Yes** |  |
| **No** |  |
| *(If Yes please advise)* | | | | | | | | |

**Please ensure that you complete this form in full before submitting to Allegations Management Team.**

**Completed forms should be emailed to:** [**Amadmin@gloucestershire.gov.uk**](mailto:Amadmin@gloucestershire.gov.uk)