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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**
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| **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**