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| **Management of Allegations against People in a Position of Trust****REFERRAL TO LOCAL AUTHORITY DESIGNATED OFFICER (LADO)**This referral form must be completed and e-mailed to **access\_team@sandwellchildrenstrust.org** within 24 hours of the incident |
| **Date of incident:****Date Referrer notified of incident:****Date of Referral to LADO:** |
| **Information about Person of concern:**Name: Role/Job Title: Date of Birth: Ethnicity:Home Address: Name and address of workplace:Is the person of concern aware that you have referred? Yes/No |
| **Does the person of concern have children of their own? Yes/No****(complete details below)** |
|  | **Child One** | **Child Two** | **Child Three** |
| Name of child: |  |  |  |
| Date of birth: |  |  |  |
| Home address: |  |  |  |
| **Details of the incident and resulting allegation/concern being raised:***Any injury to victim, date, time and place of incident if known and views of the child where known* |
| **What actions have been taken to date, if any?** |
| **Have there been previous concerns in relation to the person of concern?** |
| **Details of the child/children involved in the allegation:** |
|  | **Child One** | **Child Two** | **Child Three** |
| Name: |  |  |  |
| Date of birth: |  |  |  |
| Ethnicity:  |  |  |  |
| Home address: |  |  |  |
| Has the child’s parents/carers been informed?  |  |  |  |
| If the child has an allocated Social Worker, please provide their details |  |  |  |
| **Referrers details:***If you are not the senior manager with responsibility for safeguarding, all referrals should be discussed with the designated person prior to being sent.*Name:Position:Organisation Name and Type (e.g. residential home, nursery, school etc):Organisation Address:Telephone Number:Referrers Email: |
| **Details of the designated Senior Manager with responsibility for safeguarding or the person of concerns line manager if different to above** Name: Contact Number: Email: |
| When receiving an allegation:* Treat it seriously and keep an open mind
* **Do not** investigate
* **Do not** make assumptions or offer alternative explanations
* **Do not** promise confidentiality
* Record the details using the child/adult’s own words
* Note time/date/place of incident(s), persons present and what was said
* Sign and date the written record
* Do not tell the member of staff/volunteer if this might place the child at risk of significant harm or jeopardise any future investigation.
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Once completed please email this referral form to **access\_team@sandwellchildrenstrust.org**