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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. | | | | | |

Once completed please email this referral form to **access\_team@sandwellchildrenstrust.org**