

**Highly Confidential**

**Referral to Allegations Management Service**

This form is to be completed by the Employer (Senior Manager).

Referral form for an alleged incident of concern where it is believed that a member of staff either paid or unpaid has;

• behaved in a way that has harmed 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 cause a risk of harm to a child.

Once completed please send via email to the LADO at: **LADO@BCPcouncil.gov.uk**

The employer should **NOT** take action prior to referral unless there is an immediate risk to children or other individuals.

Referrer details:

|  |  |
| --- | --- |
| Name |  |
| Designation |  |
| Date and time |  |
| Telephone no |  |
| Email address |  |
| Best method for contact |  |

Employing organisation:

|  |  |
| --- | --- |
| Name |  |
| Full address |  |
| Type |  |
| Regulatory body |  |

Details about adult of concern:

|  |  |
| --- | --- |
| Name  |  |
| Date of Birth |  |
| Address |  |
| Telephone No |  |
| Gender |  |
| Ethnicity |  |

Details about the Job role:

|  |  |
| --- | --- |
| Job role title |  |
| Brief description of duties |  |

Details of the alleged incident:

|  |  |
| --- | --- |
| Location  |  |
| Date and time |  |
| What is alleged to have happened? |  |
| Please tick |  |
| Physical | Emotional | Neglect | Sexual | Transferable risk in personal life. | Unsuitable | ICT Related | Intra-familial abuse |
|  |  |  |  |  |  |  |  |

Any previous concerns about the adult of concern:

|  |
| --- |
|  |

Details of child/children involved:

|  |  |
| --- | --- |
| Name  |  |
| Date of birth |  |
| Details of parents |  |
| Address |  |
| Telephone No |  |
| Gender |  |
| Ethnicity |  |
| Does child have a Social Worker? |  |
| Social Workers Name |  |
| Contact details |  |
| Are parents aware of referral? |  |
| Any other relevant information |  |

Witnesses:

|  |  |
| --- | --- |
| Name of witness |  |
| Role |  |
| Address |  |
| Contact details |  |
|  |  |
| Name of witness |  |
| Role |  |
| Address |  |
| Contact details |  |
|  |  |
| Name of Witness |  |
| Role |  |
| Address |  |
| Contact details |  |

If any actions taken so far, please describe:

|  |
| --- |
|  |

If the adult of concern is known to work with children elsewhere, please give known information.

|  |
| --- |
| Name of employer, address and type of work. |
| Name of employer, address and type of work. |

If the adult of concern lives with children or has children of their own, please give known information.

|  |
| --- |
| Name, age, address of child and relationship |
|  |

After receipt the LADO will contact you for further discussion.

Thank You.