
  <b>Working Together to Safeguard Children</b> A guide to inter-agency working to safeguard and promote the welfare of children  <small>July 2018</small>	<h2 style="margin: 0;">SAFEGUARDING CHILDREN</h2> <p style="margin: 0;">The Management of Allegations against staff or volunteers who work with children</p> <h3 style="margin: 0;">Allegation Management Referral Form</h3>	
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## Allegation Management Referral Form

*This form should be used to make a referral regarding concerns or allegations about a member of staff. Urgent referrals should always be made by telephone, followed by completion of this form asap the same day to confirm the referral details.*

<u>Details regarding the Member of Staff / Volunteer involved in the Incident / Concern</u>				
<b>Last Name</b>	<b>First Name</b>	<b>DoB</b>		
Click here to enter text.	Click here to enter text.	Click here to enter a date.		
<b>Job Title / Role</b>	<b>Place of Work</b>	<b>Employer</b>		
Click here to enter text.	Click here to enter text.	Select an Agency		
<b>Disability?</b>	<b>Ethnicity</b>	<b>Employment Status</b>		
Select a disability.	Select ethnicity	Permanent / Temporary / Agency / Volunteer		
<b>Home Address</b>				
Click here to enter text.				
<b>Are there any children living with the member of staff?</b>				
<b>Last Name</b>	<b>First name</b>	<b>DoB</b>	<b>Relationship to member of staff</b>	<b>Tick if concerns Include these children</b>
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.	<input type="checkbox"/>
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.	<input type="checkbox"/>

<u>Details regarding the Child involved in the Incident / Concern</u>		
<b>Last Name</b>	<b>First Name</b>	<b>DoB</b>
Click here to enter text.	Click here to enter text.	Click here to enter a date.
<b>Home Address</b>		
Click here to enter text.		
<i>Note: If the referral is at a Child Protection/Criminal threshold you may also be asked to complete an RF1 with additional details for the child / children.</i>		

<u>Reasons for Referral</u>
<ul style="list-style-type: none"> <li>Description of incident / concern (Date, time, location, and what happened): Click here to enter text.</li> <li>Are there any injuries to the child? Click here to enter text.</li> </ul>

<ul style="list-style-type: none"> <li>• Are there any witnesses to the incident?</li> </ul> <p>Click here to enter text.</p> <ul style="list-style-type: none"> <li>• What is your view / assessment of this incident / concern?</li> </ul> <p>Click here to enter text.</p> <ul style="list-style-type: none"> <li>• What actions have you undertaken, including to safeguard the member of staff / child?</li> </ul> <p>Click here to enter text.</p>
<b><u>Background regarding the member of staff</u></b>
<ul style="list-style-type: none"> <li>• How long have they worked in this role?</li> </ul> <p>Click here to enter text.</p> <ul style="list-style-type: none"> <li>• Have there been any previous concerns or allegations about them?</li> </ul> <p>Click here to enter text.</p> <ul style="list-style-type: none"> <li>• Do they have professional contact with children in other settings? E.g. Volunteering.</li> </ul> <p>Click here to enter text.</p>
<b><u>Additional Information about the child and their carers</u></b>
<ul style="list-style-type: none"> <li>• What has been the impact on / response of the child?</li> </ul> <p>Click here to enter text.</p> <ul style="list-style-type: none"> <li>• Have parents been informed? What do they want to happen?</li> </ul> <p>Click here to enter text.</p> <ul style="list-style-type: none"> <li>• Provide any other information about the child you feel may be relevant.</li> </ul> <p>Click here to enter text.</p>

<b><u>Details of person making referral:</u></b>		
<b>Name</b>	<b>Job Title / Role</b>	<b>E-mail Address</b>
Click here to enter text.	Click here to enter text.	Click here to enter text.
<b>Agency Address</b>		<b>Telephone Number</b>
Click here to enter text.		Click here to enter text.
<b>Referrer's Signature</b>	<b>Date:</b>	Click here to enter a date.

<b>Next Steps:</b> This Referral Form should now be emailed securely to <a href="mailto:LADO@swindon.gov.uk">LADO@swindon.gov.uk</a> via Egress / Switch. If you do not have Egress / Switch please contact us (details below) to acquire a secure link. Agencies with compatible secure email systems to GCSX can email to <a href="mailto:lado@swindon.gcsx.gov.uk">lado@swindon.gcsx.gov.uk</a> Always ring to confirm receive of referral form.
<b>Allegation Management contact details:</b> Allegation Management Team - 01793 463854 Jon Goddard (LADO) - 07392 103019 (Monday - Wednesday, 9am - 5pm) Sean Capewell (LADO) - 07392 103032 (Monday to Friday, 9am - 5pm) Quality Assurance & Review Service, Clarence House, Euclid Street, Swindon, SN1 2JH
<b>Alternate route for urgent Child Protection concerns:</b> If your referral is in relation to a pressing child protection issue, please alert the MASH Team on 01793 466903. The team can be contacted Monday to Thursday 8.30am-4.40pm, and Friday 8.30am-4pm. If you have a child protection concern for a child outside of these hours, please make contact with our Emergency Duty Service on 01793 436699.

Date updated: 23.9.18