|  |  |
| --- | --- |
| **Referral to BCP LADO Service or request for advice:****Allegations Management, against a person within a ‘Position of Trust’, involving harm towards CHILDREN.** |  |
|  | **Highly Confidential** |

**Does the ‘Adult of Concern’ have contact within a position of trust with**: Adults: [ ]

 Children: [ ]

**Are you completing a Referral Form or requesting Advice/Guidance:** Referral Form: [ ]

Advice/Guidance Required: [ ]

Threshold: Referral form for an alleged incident of concern where it is believed that a member of staff who is in a ‘position of trust’, either paid or unpaid has:

• behaved in a way that has harmed a child, 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 pose a risk of harm to children

• behaved or may have behaved in a way that indicates they may not be suitable to work with children for instance in their private lives that might indicate any of the above conditions.

**Once completed, please send via email to the BCP LADO Service at**: lado@bcpcouncil.gov.uk

**NOTE:** If a concern is about significant harm, please contact **MASH** via email childrensfirstresponse@bcpcouncil.gov.uk and **POLICE** via **999** as a priority.

 **Please complete individual referrals if there is more than one individual in a position of trust, as the referral must be uploaded to individual’s file.**

**Referrer details**:

|  |  |
| --- | --- |
| Date of Referral to LADO: |  |
| Date of Alleged Incident: |  |
| Date of when you became aware of the Incident: |  |
| Referrer Full Name: |  |
| Referrer Work Address: |  |
| Designation: |  |
| Telephone No: |  |
| Email Address: |  |

**Details about the adult of concern who is in a ‘Position of Trust’:**

|  |  |
| --- | --- |
| Full Name:  |  |
| Date of Birth: |  |
| Home Address: |  |
| Telephone No: |  |
| Gender: |  |
| Ethnicity: |  |
| Any additional needs e.g. disability, speech/lang:  |  |
| If the adult of concern lives with children or has children of their own, please give details: |  |
| If the adult of concern is known to work with children elsewhere, please give details:  |  |
| Is the person aware of LADO referral? |  |

**Details about the Job/Volunteer role:**

|  |  |
| --- | --- |
| Job/Vol role title: |  |
| Brief description of duties: |  |
| Employer Full Name: |  |
| Employer Full Address: |  |
| Work base address if different from above: |  |
| Sector: |  |
| Regulatory Body: |  |
| DBS status (standard or enhanced), date of issue and renewal due date:  |  |
| Have you seen a copy of the person’s DBS, and does it contain any cautions, convictions and/or any other information relating to safeguarding: |  |

**Advice and Guidance Required:**

|  |  |
| --- | --- |
| Please give a summary of the advice and guidance you would like the LADO to comment upon: |  |

**Details of the alleged incident, allegation, or concern:**

|  |  |
| --- | --- |
| Where - Location:  |  |
| When - Date and time: |  |
| What - is alleged to have happened? |   |
| **Please tick below:** |  |
| Physicalabuse | Emotionalabuse | Neglect | Sexualabuse | Transferable risk in private life | Unsuitable | ICT Related | Intra-familial abuse |
|  |  |  |  |  |  |  |  |

**Any previous concerns about the adult of concern who is in a ‘Position of Trust’?**

|  |
| --- |
|  |

**Details of child/children involved:**

|  |  |  |
| --- | --- | --- |
| Full Name(s): |  |  |
| Date of Birth: |  |  |
| Address: |  |  |
| Telephone No: |  |  |
| Gender: |  |  |
| Ethnicity: |  |  |
| Any additional needs e.g. disability, speech/lang: |  |  |
| Does child have a Social Worker? Mosaic ID? |  |  |
| Social Worker’s Full Name: |  |  |
| Social Worker’s Contact details - email/telephone no: |  |  |
| Child’s legal status/plans: |  |  |
| Independent Reviewing Officer’s Full Name: |  |  |
| Are parents aware of the referral? Details of Parents: |  |  |

**Witnesses:**

|  |  |
| --- | --- |
| Full Name of Witness: |  |
| Role: |  |
| Address: |  |
| Contact details: |  |
|  |  |
| Full Name of Witness: |  |
| Role: |  |
| Address: |  |
| Contact details: |  |
|  |  |

**If any actions have been taken so far, please describe for instance to safeguard the child:**

|  |
| --- |
|  |

After receipt the LADO will contact you by email or telephone.

**RESTRICTED FORM FOR LADO PURPOSES ONLY/NOT FOR DISTRIBUTION**

Thank You.

