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| **LADO REFERRAL FORM - ALLEGATIONS AGAINST STAFF OR VOLUNTEERS** |
| Please contact the LADO on 01344 351572 to discuss if you are unclear about completing this form. Completed form to then be emailed to LADO@bracknell-forest.gov.uk The LADO should be made aware of any concerns within **one working day** and will then also respond within one working day to discuss the next steps.  |

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| **REFERRER DETAILS** |
| **Name of referrer:** |
| **Job title and organisation:** |
| **Contact details** *(email and* *telephone number):* |
| **Designated safeguarding lead /****manager:**  |
| **HR lead for allegations against staff:** |

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| **INFORMATION ABOUT ALLEGED PERPETRATOR** |
| **Name:**  |
| **Address:**  |
| **DOB:**  |
| **Gender:** |
| **Ethnicity:** |
| **Job title:** |
| **Status of employment** *(full time/ part* *time/ agency)****:*** |
| **Date of last DBS** *(if known):* |
| **Have they been subject to** **previous allegations** *(if so please* *provide details):* |
| **Does individual have children of their own:***(If yes please give details)* |
| **Does individual work with children****in any other capacity than current** **role:***(If yes please give details)* |
| **Has advice been taken from HR /****person been suspended:** |

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| **INFORMATION ABOUT THE ALLEGATION OR CONCERN:** |
| **Date of alleged incident:** |
| **Date allegation reported to referrer:** |
| **If not reported to the LADO within****24 hours of the incident, reason why:** |
| **Who has made the allegation***(child/ parent/ other professional)****:*** |
| **Who else has been informed** **regarding the allegation?** |
| **Please give full details of the** **allegation:***(Where it occurred, details of any**injury, any incident reports or* *witnesses, what actions have been**taken)* |
| **Have the parents / carers of the** **child been informed?** |
| **Has the person against whom the allegation was made been informed?***(This will need to be undertaken, please**liaise with LADO around what* *information can be shared before* *doing so)* |

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| **INFORMATION ABOUT ANY CHILD IDENTIFIED:** |
| **Name of child/ren:** |
| **DOB:**  |
| **Gender:**  |
| **Ethnicity:**  |
| **Address:** |
| **Parents/carers names:** |
| **Contact details:** |
| **Any issues of disability / literacy** **for child or parents:** |
| **Please detail any other issues of** **relevance:***(Any previous allegations made, other concerns held, child on Child in Need* *or Child Protection Plan)*  |

**Referrer’s signature:**

*(Please add electronically if referring by email if possible)*