**CONFIDENTIAL**

**Children's Services**

**LADO – Referral / Consultation Request form**

*(To be completed by enquirer)*

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| **Please Note:**If you work in education and your concern relates to **education staff** please contact the NCC Education, Quality Assurance and Intervention Service (EQAIS) on **(01603 307797)** who can provide advice on all education matters including whether a referral to the LADO service is required. Please be aware that the EQAIS **is not** part of the LADO Service.If EQAIS recommends a referral to LADO is appropriate, the LADO will consider whether the threshold has been met for a formal safeguarding LADO process.***For all other positions of trust matters, complete a LADO referral.*** |

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| **Referrer Contact Details:** |
| **Referral Date:** |  |
| **Referrer’s Name:** |  |
| **Referrer’s Organisation:**  |  |
| **Referrer’s Working Sector:** *(please state)* |  |
| **Please further specify the team i.e.** *MASH or CID if “Police”; or for “Social Care” it may be LAC or FAST* |  |
| **Referrer’s Position:** *(Full title of your role)* |  |
| **Telephone number:** |  |
| **Email Address:** |  |
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| **Alleged Person of Concern in a Position of Trust Details** |
| **Name:** *(name of person should be identified)* |  |
| **Home address of person of concern:** |  |
| **GENDER:** |  |
| **DOB:**  |  |
| **Ethnic Origin:** *(if known)* |  |
| **Special Needs:** *(if known)**(State equality and /or diversity matters)* |  |
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| **Alleged Person of Concern Employment / Volunteering Information** |
| **Working Sector:** *Education, Social Care, Fostering, Residential, Early Years, Voluntary Sector, Transport, Health, Police, Sport, Faith or Other (please state)* |  |
| **Name and address of work / employment /voluntary establishment: *e.g. name of school, fostering agency etc.*** |  |
| **Occupation and job title:***(please indicate whether they have a specific role with children)* |  |
| **Is the person suspended?***(please give dates)* |  |
| **Has the person got a current DBS?** |
| **Yes** | **No** | **Unknown** |
| **Are there any children resident at the person’s home address? Please indicate** |
| **Yes** | **No** | **Unknown** |
| **If yes, please provide details of any children resident at person’s home address?** |
| **Name** | **DOB** | **Gender** | **Relationship to alleged Person of Concern?** |
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| **Does the person have any other contact with vulnerable children**, e.g. does the person work /volunteer in any other setting? **Please give details:** |
| **Are you aware if any previous allegations /concerns have been raised? Please give full details?** |

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| **Victim(s) Details** |
| **Please confirm whether the victim was under the age of 18 at the time of the alleged incident?**  | **Yes** | **No** | **Unknown** |
| **Is the victim a family member of the person of concern?** | **Yes** | **No** | **Unknown** |
| **Is the child known to Social Care?** | **Yes** | **No** | **Unknown** |
| **If yes, please provide details (Local Authority, Social Worker, have they been informed?):** |  |
| **Details of alleged victim(s):** |
| **Name** | **Address** | **DOB** | **Gender** | **Parent/Carers Name and Address** | **Legal Status** | **Disability / Special Needs** |
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| **Person of interest demonstrated behaviour which is consider they have….** **Please tick all relevant.** |
| 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(ren) in a way that indicates they may pose risk of harm to children, therefore potentially unsuitable to work with children. |  |
| Transferable Risk: This can be in relation to actions in a person’s private life where they have behaved in a way which indicates they may pose a risk of harm to children. |  |
| **Historic Abuse Allegation?** |  |
| **THE ALLEGED INCIDENT:** |
| **Date and Time of Incident:** |  |
| **Place of Incident:** |  |
| **Category of Harm:***Physical; Sexual; Emotional; Neglect**Professional Boundaries**Indecent Images of Children* *Inappropriate Electronic Communication**Inappropriate Social Media* |  |
| **Has the child sustained an injury? (Please provide details)** |  |
| **Were there any witnesses to the incident / CCTV? (Please provide details)** |  |
| **Brief Description of the incident, using full names of persons involved, and resulting allegation / concerns raised with LADO:** ***(please provide detail of the incident / attach a copy of incident report/ statements /body map)*** |

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| **What actions have been taken to date including safeguards for all children?** *(Please note if there are immediate safeguarding risks for a child, then contact the CADS / or the responsible Team Manager for the child, to proceed with a Sec 47 safeguarding strategy meeting and advise the LADO who will participate in the Sec 47 strategy meeting).* |
| **Has a Section 47 Strategy Meeting taken place? (Please provide details)** |  |

**Other Agencies / Professional Involved?**

***(It is important that you provide full details to prevent delay in processing this referral – e.g. Social Worker, School, Health, etc)***

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| **Name** | **Designation** | **Agency** | **Tel number / Email** |
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**Return to:** **LADO@Norfolk.gov.uk**

**or**

ONLY, if your email address is CJSM please email your completed form to the secure email address **cs.norfolkLADOsecure@norfolk.gcsx.gov.uk**

***Completed LADO referral forms can also be posted to:***

**LADO Service**

**Children's Services**

**1 Norwich Business Park**

**Whiting Road**

**Norwich**

**NR4 6DJ**