

**LADO Referral**

**ALLEGATIONS AGAINST ADULTS WHO WORK WITH CHILDREN**

*Confidential*

An allegation has been made that a person who works with children in a paid or voluntary capacity 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 pose a risk of harm to children.
* Behaved in a way that indicates they may not be suitable to work with children.

If the allegation meets any of the above criteria, the employer or agency should report it to the LADO within **1 working day**

* All documents relating to allegations against adults who work with children should be retained in a secure place and should only be shared with the express agreement of the LADO.
* *Do ensure that urgent medical treatment is sought if required, and that the child is supported.*
* *Please record information and facts given to you as soon as possible.*
* *Do not discuss or inform the member of staff concerned that this referral is being made unless advised to by the Local Authority Designated Officer.*
* *It is not your duty to investigate the allegation as this may lead to evidence being lost/contaminated or may even put the child, or others, at risk.*
* *This form is designed for both professionals, families and members of the public. Please state the allegation/safeguarding incident in the description section and the LADO will contact you if more is required.*

Steve Hall ( LADO) 020 8726 6000 Ext 24334 Mob: 07825 830328

Jane Parr (LADO) 020 8726 6000 Ext 24817 Mob: 07716 092630

Karen Anns (Business Support Coordinator) 0208 726 6000 Ext 23981

Email: [lado@croydon.gov.uk](mailto:lado@croydon.gov.uk)

Croydon Children’s Safeguarding & Quality Assurance Service



|  |  |  |  |
| --- | --- | --- | --- |
| ALLEGATIONS AGAINST ADULTS WHO WORK WITH CHILDREN  LADO Referral Form | | | |
| **Referral Date** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of referrer** | | | | |
| **Surname** | **First name** | **Employer/ organisation** | **Position** | **Address (including postcode), email address and telephone number** |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Details of alleged perpetrator(s)** | | | | | |
| **Surname** | **First name** | **DOB** | **Gender** | **Ethnicity** | **Home address (including post code)** |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Work Address** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of alleged perpetrator’s employment/organisation/ Agency** | | | | |
| **Employer/organisation** | **Position held** | **Employment type (full time/part time)** | **Employer/ organisation address (including post code)** | **Employer/ organisation telephone number** |
|  |  |  |  |  |
| **Is the employer aware of the allegations/concern** | | | Yes / No | |
| **Is the individual involved in working with children elsewhere or in another capacity (Please specify)** | | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Details of Alleged perpetrators family composition / other children in Placement** | | | | | | |
| **Surname** | **First name** | **DOB** | **Gender** | **Ethnicity** | **Relationship to alleged perpetrator** | **Address (including postcode)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of child(ren) involved in the allegation/incident** | | | | | | |  |
| **Surname** | **First name** | **CRS** | **DOB** | **Gender** | **Ethnicity** | **Special needs/disability** | **Placement address** |
|  |  |  |  |  |  |  |  |

copy table if more than one child)

|  |  |
| --- | --- |
| **Is the Child(ren) looked after** | Yes / No |
| **If yes Responsible Local Authority** |  |

|  |  |  |
| --- | --- | --- |
| **Details of those involved who may need to be consulted and or invited to any meetings**  **(Please include the child’s social worker and any police involvement)** | | |
| **Name** | **Role** | **Agency Address, Tel No and Email** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Details of Allegation / incident / concern**  *Guidance: Please include date(s) of incident, details of any injuries, details of any witnesses, and involvement of police or other agencies. If the referral relates to an allegation or incident in the alleged perpetrators personal life, please be clear in terms of the transferable risk within their employment, considering the risk to children.* | | |