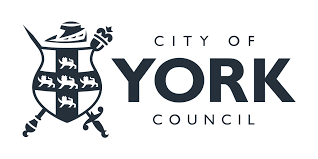
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**CONFIDENTIAL**

**LADO – Referral / Consultation Request form**

**Please complete in order to make a referral to LADO or request a consultation with LADO.**

**Please complete this form when there is an allegation that a person who works with children has:**

**• Behaved in a way that has harmed, or may have harmed, a child; or**

**• Possibly committed a criminal offence against, or related to a child; or**

**• Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; or**

**• Behaved or may have behaved in a way that indicates they may not be suitable to work with children.**

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| To be completed electronically and emailed to [lado@york.gov.uk](mailto:lado@york.gov.uk) *(secure email address)*  **To be submitted to LADO within 24 hours and before starting any internal investigations.**  **If there is an immediate risk of harm to a child, please also make a referral to MASH and/or police.**  Please note: if there are multiple incidents to note, please break each one down clearly with date and detail. If the incident concerns more than one child, each child must be named on the same form. If the allegation is made against more than one person, then each person should be named. |

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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:** | |  | |
| **Referrer’s Position:** *(Full title of your role)* | |  | |
| **Telephone / Mobile number:** | |  | |
| **Email Address:** | |  | |
|  | | | |
| **Person of Concern in a Position of Trust Details** | | | |
| **Name:** *(name of person must be identified)* | |  | |
| **Date of Birth (DOB):** | |  | |
| **Home address of person of concern:** | |  | |
| **Contact details:**  **Telephone / Mobile number:**  **Email address:** | |  | |
| **Composition and relationship of all children and adults (including vulnerable adults) residing or regular visitors to the home** / **immediate family** *(include step-children/grandchildren/private fostering arrangements etc)* | | | |
| **Name** | **DOB/age** | **Gender** | **Relationship to Person of Concern?** |
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| **Identify contact with any other children or vulnerable adults e.g. any volunteer role or other jobs**  *(please specify if vulnerable child or adult)* | |  | |
| **Specific Needs:** *(if known)*  *(State equality and /or diversity matters)* | |  | |
| **Is the Person aware of the allegations/concerns:** | |  | |
|  | |  | |
| **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, organisation, voluntary body, fostering agency etc.* | |  | |
| **Occupation and job title:***(please indicate whether they have a specific role with children. Include brief description of roles and responsibilities. Please also include any management or supervisory roles)* | |  | |
| **Have there been any previous concerns?** *(please give details including low level concerns)* | |  | |

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| **Victim(s) Details** | | | | | | | | | | |
| **Name** | **Address** | | **DOB** | **Gender** | **Parent/Carers Name and Address** | | | **Legal Status/** | | **Disability / Special Needs** |
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| **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 incl. Local Authority, Social Worker’s name and whether or not they have been informed** | | | | | |  | | | | |
| **If not known to social care, has a referral been made to MASH?**  **Link to MASH referral form**  [**https://www.saferchildrenyork.org.uk/cyscp-1/report-concern-child-young-person#mref**](https://www.saferchildrenyork.org.uk/cyscp-1/report-concern-child-young-person#mref) | | | | | | **Yes** | | | **No** | |
| **What is the child/Young persons view/comments?** | | | | | |  | | | | |
| **What are the parent/carers view?** | | | | | |  | | | | |

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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 ***(Harm Threshold)*** | |  | |
| Possibly committed a criminal offence against or related to a child ***(Criminal Threshold)*** | |  | |
| Behaved towards a child(ren) in a way that indicates they may pose risk of harm to children ***(Transferable Risk Threshold)*** | |  | |
| Behaved in a way that indicates they may not be suitable to work with children ***(Suitability Threshold)***  *(This can be in relation to actions in their private life where they have behaved in a way which indicates they may not be suitable to work / volunteer with children)* | |  | |
| **Is this an historical abuse allegation?** | | **YES** | **NO** |
| **DETAIL OF CONCERN:** | | | |
| **Date and Time of Incident:** |  | | |
| **Place of Incident:** |  | | |
| **Category of Harm:**  *Physical; Sexual; Emotional; Neglect; Suitability* |  | | |
| **Has the child sustained an injury?** (Please provide details) |  | | |
| **Were there any witnesses to the incident / CCTV?** (Please provide details) |  | | |
| **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 Multi-Agency Safeguarding Hub (MASH) or the responsible Team Manager for the child. If there are significant immediate concerns about the safety of a child, you should contact police on 999. If you believe a crime has occurred, you should also contact and report to police.)* | |
| **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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| **LADO Rationale and Actions** *(to be completed by the LADO)*  **Description of concern:**  **Is LADO threshold met at this time?**  **If threshold not met, is it conduct/behaviour or standards of care?**  **Agreed Actions:**  **Any further role for LADO?** |

**Return to: Please complete and return to lado@york.gov.uk (this is a secure email account)**

**For advice please contact:**

**LADO Office – 01904 551783. Please leave a message as the number is not manned at all times but we will aim to respond within one working day and the account is checked daily.**