**Managing allegations about professionals or volunteers who work with children**

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| **LADO Referral / Consultation Form** | | | |
| This form must be completed immediately and emailed to the North Somerset Local Authority Designated Officer (LADO) if it is alleged that a person who works with children 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 in a way that indicates they may pose a risk of harm * Behaved in a way that indicates they may not be suitable to work with children   Completed forms should be emailed to: [lado@n-somerset.gov.uk](mailto:lado@n-somerset.gov.uk) | | | |
|  | | | | |
| Details of referrer | | | | |
| Name |  | Date |  | |
| Organisation |  | Job title |  | |
| Telephone |  | Email |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Person being referred | | | |
| Name |  | DOB |  |
| Home Address |  | Job title |  |
| Ethnicity |  | Gender |  |
| Disability |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Children you are concerned about | | | | | |
| Name |  | | | DOB |  |
| Home Address |  | | | | |
| Ethnicity |  | Gender |  | | |
| Disability |  | | | | |

|  |  |
| --- | --- |
| Describe what happened, include details of any injuries or harm that was caused | |
|  | |
| Where did it happen |  |
| When did it happen |  |
| Where there any witnesses |  |
| Immediate action taken to safeguard children following the incident or allegation | |
|  | |

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| --- | --- | --- | --- | --- | --- |
| Details of their own children, if known | | | | | |
| Name |  | | | DOB |  |
| Home Address |  | | | | |
| Ethnicity |  | Gender |  | | |

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| --- |
| Details of any previous concerns or allegations |
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| --- | --- |
| Children’s parents | |
| Name |  |
| Telephone |  |
| Email |  |
| Have they been informed about the concerns? |  |