**Referral of an Allegation Against a Professional or Volunteer who works with children (LADO ASV Referral)**

**PLEASE SEND THIS REFERRAL FORM TO BOTH ADDRESSES:**

**strongerfamilieshub@hillingdon.gov.uk** **and** **hives@hillingdon.gov.uk** **with the subject title of the email being LADO Referral.**

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| **Referral date:** |  |  |

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| **The PROFESSIONAL or VOLUNTEER who is the subject of the allegation** |
| **Surname:** |  | **First name:** |  |
| **Date of birth:** |  | **Gender:** |  |
| **Ethnicity:** |  |  |  |
| **Home address:** |  |
| **Borough of residence:** |  |
| **Details of any children at home address or who have regular contact:** |  |
| **Other known contacts with children or vulnerable adults (e.g. voluntary work):** |  |
| **Date of last DBS (formerly CRB) check and disclosure number:** |  |
| **Is the individual aware of the concern?** |  |

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| **Employment details** |
| **Job title:** |  |
| **Professional or Volunteer?** |  |
| **Name and address of organisation, school or Individual:** |  |
| **If Agency worker, please provide:** |  |
| * **Name of organisation:**
 |  |
| * **Contact name:**
 |  |
| * **Contact telephone number:**
 |  |
| * **Contact email address:**
 |  |
| **Local Authority, private or voluntary sector?** |  |
| **Have there been any previous allegations or concerns about this person?** |  |
| **If yes, provide dates and details:** |  |

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| **Details of referrer** |
| **Name of person dealing with this allegation:** |
| **Title:** |  | **Name:** |  |
| **Contact no:** |  | **Email address:** |  |
| **HR Department Contact:** |
| **Title:** |  | **Name:** |  |
| **Contact no:** |  | **Email address:** |  |
| **Details of the child/ren who have made the disclosure/who is/are the subject of concern** |
| **Child (if more than one child please add an additional sheet):** |
| **Surname:** |  | **First name:** |  |
| **Date of birth:** |  | **Gender:** |  |
| **Ethnicity:** |  |
| **Home address:** |  |
| **Borough of residence:** |  |
| **Name and address of parents/carers:** |  |
| **Borough of residence:** |  |
| **Is the child aware of this referral?** |  |
| **If not, why not?** |  |
| **Are the parents/carers aware of this referral?** |  |
| **If not, why not?** |  |
| **Other relevant information regarding the child/family** |
| **Known to Children's or Adult's services?** |  |
| * **ICS unique identifier:**
 |  |
| * **Provide brief outline:**
 |  |
| **Has the child/family made any previous allegations?** |  |

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| **Details of the allegation or concern** |
|  |
| **Category of abuse** |
| **Physical** | **Emotional** | **Neglect** | **Sexual** | **Behaviour/Conduct** |
| **For each child (print and complete as required):** |
| **Please give specific details of the allegation, and what has been done so far, to include:** |
| * **Where did the incident take place?**
 |  |
| * **Who made the allegations?**
 |  |
| * **Were there any witnesses?**
 |  |
| * **Has there been any injury?**
 |  |
| * **Have the parents/carers been informed?**
 |  |
| * **Has the child been seen by a medical professional?**
 |  |
| * **Did an allegation of physical abuse follow an authorised restraint?**
 |  |
| **Safeguarding** |
| **What safeguards have been put in place so far?** |
| * **For the child/ren?**
 |  |
| * **For the adult?**
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| **Outcome of Consultation** |
| **No further action** |
| **Referral to HR/Internal Processes** |
| **Training issue** |
| **Disciplinary investigation** |
| **Further investigation required** |
| **Formal referral to LADO** |
| **Police Investigation** |
| **Referral to Children's Social Care** |
| **Referral to another Designated Officer (LADO)**  |
| **Any other agreed actions** |
| **Reason for decision/s:** |  |
| **Decision/s made by:** |  |
| **Date:** |  |
| **DATA SS updated: Y/N** |  |

**PLEASE SEND VIA EMAIL TO BOTH ADDRESSES BELOW:**

**strongerfamilieshub@hillingdon.gov.uk** **and** **hives@hillingdon.gov.uk** **with the subject title of the email being LADO Referral.**

**Hannah will then allocate the case to either herself or the Deputy LADO.**