**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**](mailto:strongerfamilieshub@hillingdon.gov.uk) **and** [**hives@hillingdon.gov.uk**](mailto:hives@hillingdon.gov.uk) **with the subject title of the email being LADO Referral.**

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| --- | --- | --- |
| **Referral date:** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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**](mailto:strongerfamilieshub@hillingdon.gov.uk) **and** [**hives@hillingdon.gov.uk**](mailto: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.**