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**KENT COUNTY COUNCIL SAFEGUARDING UNIT**

**CHILDREN’S LADO REFERRAL FORM** – for Parents/Carers

|  |  |
| --- | --- |
| Date referred to LADO | Select Date |
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| **Section A** – only complete form if you can answer ‘**Yes**’ to Q1 and at least one of the other 3 questions | |
| 1. Does this person **work** in the wider children’s workforce in **Kent** [not Bromley, Bexleyheath or Medway (Strood, Rochester, Chatham, Gillingham & Rainham)] | Select |
| **Has this person:** | |
| 1. Behaved in a way that has harmed your child or may have harmed your child? | Select |
| 1. Possibly committed an offence against or related to your child | Select |
| 1. Behaved towards your child or children in a way that indicates that he or she would pose a risk of harm to children if they work regularly or closely with them? | Select |

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| **Section B – Information about you** | | | | | | | | | | | | | | |
| **Your name** | |  | | | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | | |
| **Telephone Number** | |  | | | | **Email address:** | | |  | | | | | |
|  | | | | | | | | | | | | | | |
| **Section C – Information about your Child** | | | | | | | | | | | | | | |
| **Full name** | | | |  | | | | **Date of Birth** | | | |  | | |
| **Gender** | Select | | | **Ethnicity** | **Select** | | | **Disability (if applicable)** | | | |  | | |
| **Home Address** | | | |  | | | | | | | | | | |
| **Is your child known to Children Social Care? If yes, please provide details** | | | | **Select** | | | | | | | | | | |
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| **Section C – Information about the Person you are referring** *(if more than one person involved, please complete separate forms)* | | | | | | | | | | | | | | |
| **Full name** | | |  | | | | | **Date of Birth (if known)** | | |  | | | |
| **Gender** | Select | | **Ethnicity** | | Select | | | **Disability (if applicable)** | | |  | | | |
| **Home Address (if known)** | | | | |  | | | | | | | | | |
| **Where does he/she work? Employer’s name and address (including Agency & Voluntary organisations)** | | | | |  | | | | | | | | | |
| **Job Title /Role** | | | | |  | | | | | | | | | |
| **Does the person have any other contact (through work/volunteering with children. Please provide details if known)** | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Section D - DETAILS OF THE REFERRAL** | | | | | | | | | | | | | | |
| **What is the nature of the allegation, concern or harm caused or posed by this individual?** | | | | Select | | | **Has your child been harmed or sustained an injury?** | | | Select | | | **Is this a historical allegation?** | Select |
| **Please provide details of your concerns that has led to this referral**  (please provide as much information as possible including details of any other children involved, injuries/harm suffered, dates and location, details of any witnesses and any actions/decision that have been taken)  **Date, time and location of Incident:**    **What has happened?**    **What actions have you taken so far?** | | | | | | | | | | | | | | |

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| **Section F – For Office Use only** | | | |
| **LADO Scoping and Overview**  **(To be completed by LADO)** | | | |
| **Name of allocated LADO** |  | | |
| **Does this referral meet the threshold for LADO procedure?** |  | | |
| **Advice given with Rationale**  **(using the Signs of Safety framework)**   * **Harm Statement** * **What we are worried about?** * **What is going well?** * **What needs to happen?** * **Safety goal?** |  | | |
| **Final Outcome (Allegation or Consultation or For info only)** |  | | |
| **Search Results** | **MOS -**  **YP -**  **SETTING -** | | |
| **Liberi ID (MOS)** |  | **Liberi ID (Child)** |  |

***Note: To be completed electronically and emailed as a ‘word document only’ to*** [***kentchildrenslado@kent.gov.uk***](mailto:kentchildrenslado@kent.gov.uk)