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 **KENT COUNTY COUNCIL SAFEGUARDING UNIT**

**CHILDREN’S LADO REFERRAL FORM – for Professionals**

**Please note sections A & B and those marked with \* are mandatory and the form will be returned if left blank**

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| **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 a child or may have harmed a child?
 | Select  |
| 1. Possibly committed an offence against or related to a child
 | Select  |
| 1. Behaved towards a 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 - The Person Being Referred** *(if more than one person involved, please complete separate forms)* |
| **Full name of Person being referred \*** |  | **Date of Birth \*** |  |
| **Previous names known (including maiden/aliases)\*** |  | **IF A FOSTER CARER-Do they have a partner?** | Select  |
| **Full Name of partner** |  |
| **Gender \*** | Select  | **Partner’s Date of Birth \*** |  |
| **Home Address \*** |   | **Disability (if known)** | Select  |
| **Ethnicity** | Select  |
| **Employer’s name and address (including Agency & Voluntary organisations) \*** |  |
| **Job Title /Role \*** |  | **Start date of current employment \*** |  |
| **What contact does the person have with children in that role?**  |  |
| **Is this their main/substantive role?**  | Select  |  |
| **Does the person have any other contact (through work/volunteering with children? Please provide details if known)** |   | **Is the person aware that a referral has been made to the LADO?**  | Select  |
| **Have there been previous concerns or allegations against this person? If yes, please give details**  |   | **Does this person live with children?** | Select  |
|  |
| **Section C - Details of Child Involved** *(if applicable)* **or adult** *(if historical)* |
| **Full name of Child** |   | **Date of Birth** |   |
| **Gender** | Select  | **Disability**  | Select **If Yes:**   |
| **Ethnicity** | Select  | **SEN**  | Select **If Yes:**   |
| **Home Address** |  | **Is this child in care?** | Select  |
| **Details of Parents or Local Authority (and social worker) if child is in care** |   | **Are parents or social worker aware of incident?** | Select  |
|  |
| **Section D - DETAILS OF THE REFERRAL** |
| **What is the nature of the allegation, concern or harm caused or posed by this individual?**  | Click to select  | **Has child been harmed or sustained an injury?** | Select | **Is this a historical allegation?** | Select  |
| **Please provide details of incident that have given rise to the concerns** (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\*:**   **Details:****Any Actions taken so far?**  |
|  |
| **Section E - Details of Person completing this form.** |
| **Your name \*** |   | **Your Role \*** |   |
| **Telephone Number \*** |   | **Email address: \*** |   |
| **Organisation Name and Address \*** |  |
| **Are you the person with lead responsibility for allegation management in your organisation?** | Click to select  | **If no, what is the name and contact details of your lead person?** |   |

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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***