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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**

|  |  |
| --- | --- |
| **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***](mailto:kentchildrenslado@kent.gov.uk)