# Confidential

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| **Agency Referral to the LADO** (Local Authority Designated Officer) **Part One** | To be completed by the referrer and emailed to: CPconferencesecureemail@knowsley.gcsx.gov.uk please follow up with a telephone call within 1 day of the allegation to confirm that the LADO Referral has been received by the Safeguarding Quality Assurance Unit on**0151 443 4077.** |

**ALLEGATIONS OF ABUSE AGAINST A PERSON WHO WORKS WITH CHILDREN**

NB: Detailed guidance for agencies and employers dealing with allegations against people who work with children can be found in Working Together to Safeguard Children, Knowsley Safeguarding Children Board procedures and in the Guidance for Safer Working Practice for Adults who work with children & young people.

**NOTIFICATION OF ALLEGATION AGAINST A PROFESSIONAL**

* ***Please check that the person who you are referring works in the Knowsley area***
* ***Please do ensure that urgent medical treatment is sought if required, and that the child is supported.***
* ***Please record information and facts given to you as soon as possible.***
* ***Please do not attempt to obtain written statements from the child or young person concerned, or ask leading questions.***
* ***Do not discuss or inform the member of staff concerned that this referral is being made unless advised to by your HR Department or the Local Authority Designated Officer so as not to jeopardise any investigation.***
* ***It is not your duty to investigate the allegation as this may lead to evidence being lost/contaminated or may even put the child, or others, at risk.***

## Information about the Agency

Name of Agency:

Agency Type: Social Care Health Education

Early Years Police YOS

Probation CAFCASS Secure Estate

NSPCC Voluntary Organisation Faith Groups SPORTS/LEISURE Immigration/Asylum Support Services Armed Forces

OFSTED Other (please specify)

## Information about the person against whom the allegation has been made

Name:

Sex M/F:

Date of Birth:

Ethnicity

Home Address:

Do they have contact with children in any other capacity?

Designation-what is the persons job

role: Workplace Name & Address:

Date when started at this employment On what basis is person employed:

Agency Worker

Permanent Volunteer

Temporary

Other

Fixed Term

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Have any allegations or concerns been made against this person previously: Date of last DBS check

Yes No

## Information about the allegation

Nature of the Allegation:

Physical Emotional Sexual Neglect

If Physical – did it follow an authorised physical intervention or restraint and if so has this been recorded in line with your organisation’s procedures?

Date and Time of alleged incident: Where did alleged incident take place?

Brief description of allegation / concern raised (Please include is there CCTV coverage of the alleged incident):

## WITNESSES

* 1. Name: Role:

Contact Details:

* 1. Name: Role:

Contact Details:

* 1. Name: Role:

Contact Details:

**3. Information about the person making the allegation/disclosure** (if this is an adult disclosing on behalf of a child please ensure child’s details are recorded below)

Name:

Sex M/F:

Date of Birth:

Relationship to the person against whom the allegation is made

Ethnicity

Have parents been informed?

Is the child known to Children’s Social Care? and has the Social Worker been made aware of this referral? Please provide name, organisation they are employed by, telephone number and email address of social worker.

Does the concern involve more than one young person? (please include any alleged victims and children of the person against whom the allegation is made) A separate referral should be made for each individual child.

1 Name

Sex M/F

Date of Birth

Relationship to the person

against whom the allegation is made

Ethnicity

Have parents been

informed?

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| **Confidential** |
|  |
| 2 | Name |  | Sex M/F | Date of Birth |  |  |  |
|  | Relationship to the personagainst whom the allegation is made |  | Ethnicity | Have parents beeninformed? |  |  |
| 3 | Name |  | Sex M/F | Date of Birth |  |  |  |
|  | Relationship to the personagainst whom the allegation is made |  | Ethnicity | Have parents beeninformed? |  |  |
| 4 | Name |  | Sex M/F | Date of Birth |  |  |  |
|  | Relationship to the personagainst whom the allegation is made |  | Ethnicity | Have parents beeninformed? |  |  |
| Details of any action taken by referring agency to safeguard the child/ren. ie suspension, medical attention/police notified |
| **4. Details of person completing this form** |
| Name: |  |  |
|  |
| Designation: |  |  |
|  |
| Agency Name & Address: |  |  |
|  |
| Telephone Number: |  |  |
|  |  |
| Date of Referral: |  |  |
|  |
| Name of Senior Manager: |  |  |
|  |
| Telephone Number: |  |  |
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|  |
|  | **For Completion by Safeguarding Unit only** | **Date Received by LADO**: |  |
|  | **OUTCOME** | **Date of Initial Strategy Meeting:** |  |
| No Further Action after initial consideration |  | Resignation |  |
| Training needs identified |  | Section 47 enquires/investigation |  |
| Being unfounded |  | Criminal Investigation |  |
| Being unsubstantiated |  | Disciplinary Procedures |  |
| Being malicious |  | Criminal Prosecution |  |
| Substantiated |  | Caution |  |
| Suspension |  | Conviction |  |
| Dismissal |  | Acquittal |  |
| Deregistration |  | Referral to Barring Board |  |
| Cessation of use |  | Referral to Regulatory Body |  |
| **ADVICE GIVEN BY LADO****ACTION TAKEN By LADO**Page 3 of 3LL 05.12.2014 V1 |