**REFERRAL FORM**

People Directorate

Civic Offices

St Nicholas Way

Sutton

SM1 1EA

Tel: 020 8770 4776

**Email:**[**LADO@sutton.gov.uk**](mailto:LADO@sutton.gov.uk)

**AGENCY reporting form for ALLEGATIONS against staff and volunteers working with children and young people in the London Borough of Sutton**

This form is to be used in cases where it is alleged that an adult who works with children (either paid / unpaid/ self-employed) has:

* Behaved in a way that has *harmed* or may have harmed a child
* Possibly committed a criminal offence against or related to a child
* Behaved towards a child/ren in a way that indicates s/he is unsuitable to work with children

If the allegation meets any of the above criteria, the employer should report it to the LADO **within 1 working day**.

Please complete this form and email it to the LADO service at the secure inbox: [LADO@sutton.gov.uk](mailto:LADO@sutton.gov.uk)

The LADO service is made up of child protection conference chairs who also chair senior strategy meetings and provide LADO advice. The Lead LADO is Sima Hirani.

If you wish to have a consultation before making a referral please contact the Duty LADO on 0208 770 4776.

If immediate action is required to protect a child outside office hours please contact the Children’s Emergency Duty Team on 0208 770 5000.



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| **AGENCY reporting form for ALLEGATIONS against staff and volunteers**  **working with children and young people** | |
| **Date of referral** |  |
| **Referrer’s name and job title** |  |
| **Place of work and address** |  |
| **Tel number** |  |
| **Email** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **The subject of the allegation** | | | | | | | |
| **Name** |  | **DOB** | |  | **Gender** | |  |
| **Address** |  | | | | **Ethnicity** | |  |
| **Job Title (please say whether this is a permanent employee, agency member of staff or volunteer)** |  | | | | | | |
| **Date of alleged incident** |  | | **Date allegation reported to referrer** | | |  | |
| **Details of allegation: (Please also specify if there have been any previous allegations against this individual)** |  | | | | | | |

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| **Action taken by the employer/ voluntary agency** |  |

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| --- | --- | --- | --- |
| **Details of potential victim/child** | | | |
| **Name of child / young person making the allegation** |  | | |
| **Address** |  | | |
| **Name of parent / carer** |  | **Contact Number** |  |
| **Names and DOB of siblings** |  | | |
| **Language** |  | **Ethnicity** |  |

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| --- | --- | --- | --- | --- |
| **Additional Information** |  |  |  |  |
|  | **Yes** | **No** | **N/A** | **Additional comments if needed** |
| **Has there been a delay in the reporting of concerns?** |  |  |  |  |
| **Are the parents/carers aware of the allegations?** |  |  |  |  |
| **Is the child/YP aware of the referral to LADO?** |  |  |  |  |
| **Does the child/YP have a disability?** |  |  |  |  |
| **Does the child/YP have an allocated social worker?** |  |  |  |  |
| **Is the child subject to a CPP or LAC?** |  |  |  |  |
| **Has the YP/child made any previous allegations?** |  |  |  |  |