|  |
| --- |
| Brighton & Hove City CouncilLADO Referral / Consultation - Allegations or concern about a person working with children**Procedures:** * [8.2 Allegations Against People who Work with, Care for or Volunteer with Children](https://sussexchildprotection.procedures.org.uk/tkyphy/children-in-specific-circumstances/allegations-against-people-who-work-with-care-for-or-volunteer-with-children/#s4075)
* [Flowchart](https://sussexchildprotection.procedures.org.uk/assets/clients/1/Documents/alleg_flowchart_disc_suit_process.pdf)

To be completed if a professional receives an allegation or has a concern about the behaviour of a member of staff working or volunteering with children and that concern could amount to: * A member of staff or volunteer has behaved in a way that has harmed a child, or may have harmed a child, or
* Possibly committed a criminal offence against or related to a child, or
* Behaved towards a child or children in a way that indicates s/he may pose a risk of harm to children.
* Behaved or may have behaved in a way that indicates they may not be suitable to work with children.
 |
|  |
| **NAME Of REFFERER AND AGENCY** |
| Name |  Click or tap here to enter text. | Date of referral | Click or tap here to enter text. |
| Agency |  Click or tap here to enter text. | Job Title/Role: |  Click or tap here to enter text. |
| Tel No: |  Click or tap here to enter text. | Email |  Click or tap here to enter text. |

|  |
| --- |
| **NAME OF REFERRED PERSON** |
| Family Name |  Click or tap here to enter text. | Given Name |  Click or tap here to enter text. | DoB: |  Click or tap here to enter text. |
| Home Address: |   | Tel No: |   |
| Email |   |
| Job Title/Role: |   | Ethnicity |   | Gender | Male |  |
| Female |   |
| Workplace Address:  Click or tap here to enter text.  |
| Names and DOB of own children if known:Click or tap here to enter text. |
| Have there been any prior concerns regarding this person:  |  |   |
| No |   |
| *(If yes please give details, dates, and outcome)*Click or tap here to enter text. |

|  |
| --- |
| **DETAILS of CHILD(REN) or YOUNG PERSON** |
| Family Name: |   | Given Name |   | DoB: |   |
| Home Address: |   |
| Ethnicity |  | Male |  | Female |  |
|   |
| **REASON FOR REFERRAL** |
| Date of incident |   | Time of Incident/Allegation |   |
| Location of incident |   |
| REFERRAL INFORMATION: Include details if any injuries/harm |
| Click or tap here to enter text. |
| Potential Witness(es) |   | Tel No: |   |
| Email |   |
| Name of Potential Witness(es) |   | Tel No: |   |
| Email |   |
| **ADDITONAL ACTION TAKEN / INFORMATION AFTER THE INCIDENT OR ALLEGATION WAS MADE** |
|  Click or tap here to enter text. |
| Click or tap here to enter text.  |

Please ensure that you complete this form in full before submitting to LADO Allegations Management.

Completed forms should be emailed to: ladoenquiries@brighton-hove.gov.uk

For completion by the LADO

|  |  |  |
| --- | --- | --- |
| **Date** | **Update/Action** | **Source** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |