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| Brighton & Hove City Council  LADO 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. | | | | |
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| **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. | |

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| **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. | | | | | | | | | | |

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| **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](mailto:ladoenquiries@brighton-hove.gov.uk)

For completion by the LADO

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