

**Local Authority Designated Officer (LADO) Referral Form for Professionals**

**Please complete the form below if you want to raise a concern about an adult working with children and young people. Return the form to** [**triage@medway.gov.uk.cjsm.net**](mailto:triage@medway.gov.uk.cjsm.net) **alternatively, if you do not have a secure cjsm email account please return the form to** [**triage@medway.gov.uk**](mailto:triage@medway.gov.uk)

|  |  |
| --- | --- |
| **Details of person making the referral:** | |
| **Name** |  |
| **Role/Designation** |  |
| **Agency** |  |
| **Address** |  |
| **Contact Number** |  |
| **Email address** |  |
| **Date of referral** |  |

|  |  |
| --- | --- |
| **Information about the adult against whom the allegation is made:** | |
| **Name** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Disability** |  |
| **Home address** |  |
| **Work address** |  |
| **Are there any children resident at the home address?** |  |
| **Employer/organisation using the adult’s services (if different to referrer)** |  |
| **Role/Job Title of adult** |  |
| **Date of last DBS check** |  |
| **Any relevant information on the DBS** |  |

|  |  |
| --- | --- |
| **Details of the concern(s)** | |
| **Description of allegation and source of the information**  **Context**  **Witnesses**  **Category of the alleged abuse (physical/sexual/emotional/neglect)** |  |
| **Date of alleged incident** |  |
| **Date concern raised** |  |
| **Please do not take any action until LADO has been informed – however, if action has been taken please detail below:**  **Action undertaken prior to notification? (suspension/witness statements taken/police notifications, etc)** |  |



|  |  |
| --- | --- |
| **Information about any child/young person identified** | |
| **Name** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Disability/health concern** |  |
| **Address** |  |
| **Is the child known to Children’s Social Care?** |  |
| **If known, details of professionals involved** |  |
| **School / College** |  |
| **Parents/Carers details** | |
| **Name** |  |
| **Address if different to the child/young person** |  |
| **Are the parents/carer aware?** |  |
| **Is more than one child/young person involved? If so, how many?** |  |
| **List names and dates of birth** |  |

|  |  |
| --- | --- |
| **Outcome of initial consideration** | |
| **Consultation or referral?** |  |
| **Recommended advice and actions to senior manager?** |  |
| **Signature (LADO)** |  |
| **Date** |  |

**Please return the completed for to** [**triage@medway.gov.uk.cjsm.net**](mailto:triage@medway.gov.uk.cjsm.net) **(if you have a cjsm account) otherwise please return to** [**triage@medway.gov.uk**](mailto:triage@medway.gov.uk)