**Local Authority Designated Officer referral form for Parents/Carers**

**Please complete the form below if you want to raise a concern about an adult working with children and young people.**

Please complete the referral form and email to the CADS (Children’s Advice & Duty Service) at [triage@medway.gov.uk](mailto:triage@medway.gov.uk)

|  |  |
| --- | --- |
| **Information about you:** | |
| **Name** |  |
| **Address** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **Date of Referral** |  |

|  |  |
| --- | --- |
| **Information about your child:** | |
| **Name** |  |
| **DOB** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Disability (if applicable)** |  |
| **Address** |  |
| **Is your child known to Children’s Social Care?** |  |

|  |  |
| --- | --- |
| **Information about the adult against whom the allegation is made:** | |
| **Name** |  |
| **Date of birth (if known)** |  |
| **Gender** |  |
| **Ethnicity (if known)** |  |
| **Disability (if applicable)** |  |
| **Home Address** |  |
| **Are there any children resident in the home address?** |  |
| **Employer/organisation using the adult service**  **(if different from referrer)** |  |
| **Role/Job title of the adult** |  |

|  |  |
| --- | --- |
| **Description of allegation and source of information** |  |
| **Witnesses Yes No** |  |
| **Date of alleged incident** |  |
| **Date concern raised** |  |
| **Any action undertaken?**  **(e.g. police contacted/school spoken to etc)** |  |
| **Outcome of Initial consideration** | |
| **Does the allegation meet the threshold for LADO procedure?** |  |
| **Recommended advice and actions to manager?** |  |
| **Signature [ LADO]** |  |
| **Date** |  |

Once completed, please email to the CADS (Children’s Advice & Duty Service) at[triage@medway.gov.uk](mailto:triage@medway.gov.uk).