**Local Authority Designated Officer (LADO) 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. Once complete, return to** [**triage@medway.gov.uk**](mailto:triage@medway.gov.uk) **using a secure method.**

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| **Section A – Information about you** | | | |
| **Name** | |  | |
| **Address** | |  | |
| **Contact Number** | |  | |
| **Email Address** | |  | |
| **Relation to Child** |  | **Do you hold parental responsibility for the child?** | Choose an item. |
| **If you do not hold parental responsibilities, please list who does and their contact details** | |  | |
| **Date of Referral** | |  | |

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| **Section B – Information about your child** | | | | |
| **Full Name** |  | | | |
| **Date of Birth** |  | | **Gender** | Choose an item. |
| **Ethnicity** | Choose an item. | | **Disability / Health Concern** |  |
| **Home Address** |  | | | |
| **School / College** |  | | | |
| **Is your child known to Children’s Social Care?** | Choose an item. | | **Details of Professional involved** |  |
| **Is more than one child / young person involved?** | Choose an item. | **If yes, please list names and dates of birth for other children / young people** | |  |

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| **Section C – Information about the adult against whom the allegation is made** | | | | |
| **Full Name** |  | | | |
| **Date of Birth** |  | **Gender** | Choose an item. | |
| **Ethnicity** | Choose an item. | **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** |  | **Is this person a permanent staff member?** | | Choose an item. |
| **If no, please list name of employer and contact details.** |  | | | |

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| **Section D – Detail of concern(s)** | | | |
| **Category of Concern / Harm Posed** | Choose an item. | **Has a child been harmed or sustained injury?** | Choose an item. |
| **Date and Time of Alleged Incident** |  | **Date concern raised** |  |
| **Description of Alleged Incident** | |  | |
| **Were there any witnesses?** | Choose an item. | **If yes, please list** |  |
| **Action taken prior to LADO notification (e.g. police contacted, spoken to employer)** | |  | |

**Please complete this form to the best of your ability to enable the LADO Service to progress your referral.**

**Please return the completed form return to** [**triage@medway.gov.uk**](mailto:triage@medway.gov.uk) **using a secure method.**