**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. Once complete, return to** **triage@medway.gov.uk** **using a secure method. Should you have a CJSM account you can return the form to** **triage@medway.gov.uk.cjsm.net**

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| **Section A – Details of person making referral**  |
| **Name \*** |  |
| **Role / Designation \*** |  |
| **Agency \*** |  |
| **Address \*** |  |
| **Contact Number \*** |  |
| **Email Address \*** |  |
| **Are you the person with lead responsibility for allegation management in your organisation?**  | Choose an item. |
| **If no, what is the name and contact details for the lead person?**  |  |
| **Date of Referral \*** |  |

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| **Section B – 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.**  |  |
| **Date of last DBS Check**  |  | **Any Relevant Information on the DBS** |  |

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| **Section C – 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 \*** |  |
| **Please do not take any action until the LADO has been informed – however if action has been taken please complete below.** |
| **Action taken prior to LADO notification (e.g. suspension, witness statement, police notification) \*** |  |
| **Has a risk assessment been undertaken?**  | Choose an item. | **If not, how is the risk being managed?**  |  |

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| **Section D – Information about any child / young person identified**  |
| **Full Name \*** |  |
| **Date of Birth \*** |  | **Gender**  | Choose an item. |
| **Ethnicity**  | Choose an item. | **Disability / Health Concern** |  |
| **Home Address \*** |  |
| **School / College**  |  |
| **Is the child known to Children’s Social Care? \*** | Choose an item. | **Details of Professional involved \*** |  |
| **Full Name of Parent / Carer**  |  |
| **Address if different to child / young person.** |  |
| **Is the parent / carer aware?** | Choose an item. | **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 \*** |  |

**Fields marked \* are required information. If uncompleted, the form will be returned to the referrer and this may delay action being taken by the LADO Service.**

**Please return the completed form return to** **triage@medway.gov.uk** **using a secure method. Should you have a CJSM account you can return the form to** **triage@medway.gov.uk.cjsm.net**