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| **LADO REFERRAL/NOTIFICATION FORM FOR**  **ALLEGATIONS AGAINST STAFF AND VOLUNTEERS WORKING WITH CHILDREN** |
| Each local authority has a LADO **(**Local Authority Designated Officer) who is involved in the management and oversight of cases, provides advice and guidance and monitors the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.  **A safeguarding allegation should be discussed with the LADO before a referral is completed.** A referral should be made when there is an allegation or concern that a person who is employed or lives in Enfield and works with children, (within or outside of the borough of Enfield) in connection with their employment or voluntary activity has:   * Behaved in a way that harmed a child or may have harmed a child * Possibly committed a criminal offence against or related to a child * Behaved towards a child or children in a way that indicates they are unsuitable to work with children.   If an allegation/concern arises about a member of staff, outside of their work with children, in their personal lives, which may present a risk of harm to children the member of staff works with, similar processes should be followed. |

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| **TO BE COMPLETED BY REFERRER** | |
| **DETAILS OF CHILD/ CHILDREN INVOLVED IN RELATION TO ALLEGATION** | |
| SURNAME: |  |
| FIRST NAME: |  |
| DATE OF BIRTH: |  |
| ETHNICITY AND RELIGION: |  |
| GENDER: |  |
| HOME ADDRESS AND CONTACT DETAILS OF CHILD: |  |
| SCHOOL: |  |
| LOCAL AUTHORITY RESPONSIBLE FOR CHILD: |  |
| ALLOCATED SOCIAL WORKER (IF RELEVANT) AND CONTACT DETAILS: |  |

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| **DETAILS OF PARENTS/ CARER OF CHILD/CHILDREN (THOSE WITH PARENTAL RESPONSIBILITY/PR)** | | | | | | | |
| FAMILY NAME | | FORENAMES | | D.O.B | ETHNICITY | MALE/FEMALE | RELATIONSHIP TO CHILD |
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| FIRST LANGUAGE OF CARERS |  | | | | INTERPRETER REQUIRED |  | |
| CONTACT DETAILS OF PARENTS/THOSE WITH PR | | |  | | | | |

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| **SIBLINGS** | | | | | |
| FAMILY NAME | FORENAMES | D.O.B | ETHNICITY | MALE/FEMALE | RELATIONSHIP TO CHILD |
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| **INFORMATION REGARDING PROFESSIONAL/ VOLUNTEER (SUBJECT TO ALLEGATION)** | |
| SURNAME: |  |
| FIRST NAME: |  |
| DATE OF BIRTH: |  |
| ETHNICITY/RELIGION: |  |
| HOME ADDRESS AND CONTACT NUMBER: |  |
| GENDER: |  |
| JOB TITLE AND ADDRESS OF CURRENT EMPLOYMENT: |  |
| LENGTH OF EMPLOYMENT IN THIS SETTING: |  |
| DATE OF LAST DBS CHECK: |  |
| AGENCY DETAILS IF APPLICABLE:  (E.G. TEACHING AGENCY, FOSTERING) |  |
| STATUS OF EMPLOYMENT, E.G. FULL TIME, OR VOLUNTARY: |  |
| DETAILS OF PREVIOUS EMPLOYMENT WITH DATES: |  |
| HAS THE SUBJECT OF THE ALLEGATION BEEN THE SUBJECT OF ANY PREVIOUS ALLEGATIONS, IF SO PLEASE GIVE DATES, FULL DETAILS AND OUTCOME: |  |
| IS THE SUBJECT OF THE ALLEGATION CARING FOR CHILDREN IN A PERSONAL CAPACITY EITHER FULL TIME OR OCCASIONALLY? GIVE DETAILS OF RELATIONSHIPS AND ACCESS TO CHILD/CHILDREN: |  |
| DOES THE SUBJECT OF THE ALLEGATION WORK WITH CHILDREN IN ANOTHER SETTING (PAID OR VOLUNTARY SETTING): |  |
| IS THE SUBJECT OF THE ALLEGATION AWARE OF THE ALLEGATION AND IF SO WHAT IS THEIR VIEW: |  |
| HAS THE SUBJECT OF THE ALLEGATION BEEN SUSPENDED/ OR HAS ADVICE BEEN SOUGHT FROM HR: |  |

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| **REFERRER’S DETAILS** | |
| DATE OF REFERRAL: |  |
| NAME OF PERSON COMPLETING THIS FORM: |  |
| JOB TITLE AND ROLE E.G HEAD TEACHER/DESIGNATED PERSON: |  |
| ADDRESS OF PLACE OF WORK AND DESCRIPTION OF SETTING, EG VOLUNTARY GROUP, SCHOOL, FOSTERING AGENCY ETC: |  |
| TELEPHONE NUMBER (INCLUDING MOBILE) |  |
| EMAIL: |  |
| RELATIONSHIP TO CHILD INVOLVED IN ALLEGATION: |  |
| RELATIONSHIP TO PROFESSIONAL SUBJECT TO THE ALLEGATION: |  |

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| IS THIS SETTING OFSTED REGISTERED? |  |
| IF YES, HAS A NOTIFICATION TO OFSTED BEEN MADE? |  |

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| **THE ACCOUNT OF ALLEGED INCIDENT AND ANY OTHER RELEVANT INFORMATION (PLEASE STATE SOURCE OF INFORMATION AND NOTE ANY CONTACT DETAILS IF NOT PREVIOUSLY STATED ON THIS FORM. PLEASE INCLUDE ANY DISCUSSIONS WITH LADO, POLICE, HR)** |
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| **Please contact the LADO/Duty LADO to discuss the referral and e-mail completed referral.** | |
| **LADO CONTACT DETAILS** | |
| **TEL:** | **0208 379 2850** |
| **EMAIL:** | **Using a secure e-mail system (e.g. Egress) send to:**  [safeguardingservice@enfield.gov.uk](mailto:safeguardingservice@enfield.gov.uk) and [MPESupport.SCS@enfield.gov.uk](mailto:MPESupport.SCS@enfield.gov.uk)  **Please contact LADO/Duty LADO if you experience any difficulties sending Referral Form or if you don’t receive confirmation of receipt within 1 working day.** |