

**DESIGNATED OFFICERS (LADO) REFERRAL AND CONSULTATION FORM**

**NOTIFICATION OF ALLEGATION AGAINST A PROFESSIONAL**

A referral must be made in all cases where it is alleged that a person who works or volunteers with children has:

* behaved in a way that has 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 he or she may pose a risk of harm to children
* behaved or may have behaved in a way that indicates that they may not be suitable to work with children

Please note the above thresholds would include any transferable risk from the individual’s personal lives.

* *Do ensure that urgent medical treatment is sought if required, and that the child is supported.*
* *Do not progress with your investigation or inform the staff member until you have discussed with the allocated LADO who will then advise next steps.*
* *Referral to LADO should be made within one working day of concern/allegation being raised.*
* *This form will be reviewed by the LADO service and you will be contacted if more information is required and will be advised of next steps within one working day.*
* **Please complete and send to the Duty Lado -** **lado.safeguardingchildren@oxfordshire.gov.uk**

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| **Date of Notification** |  |
| **Date of alleged incident** |  |
| **Name of referrer** |  |
| **Agency of referrer**  |  |
| **Contact details and email** |  |
| **Are you the employer?** **If not, please complete the boxes below** |  |
| **Have you discussed the concern with the employer?**  |  |
| **What is their view:** |  |
| **Name of employer:** |  |
| **Contact details:** |  |

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| **Professional(s) named in the allegation (please complete fully)** |

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| **Name\*:** | **Gender** | **Date of** **Birth\*** | **Home address\*** |
|  |  |  |  |

\*mandatory

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| **Occupation/Job Title (person you are referring)** |  |
| **Employer** |  |
| **Start date**  |  |
| **Previous concerns of a safeguarding nature: (*provide detail including dates)***  |  |

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| **Child/children’s details as alleged victim (if applicable to the concern)** |

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| **Name and Address** | **DoB** | **Address**  |
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| **Child Status**  | **CP/CIN*****Yes / No*** | **Child We Care For** ***Yes / No*** | **SEN** ***Yes / No*** |
| **Professional involved contact details (Name, Local Authority and email/phone number)** |  |  |  |

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| **Allegation Details** |

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| **Summary of allegation/concern (please provide as much detail as possible)** |
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| **Child/young person’s view\*****(if known)** |  |
| **Parent/carers view\*****(if known)** |  |

*\* it may not always be appropriate to have parent/carer/child view especially with consultations*

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| **Any known witnesses - detail below:** |
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| **Professional details**  |

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| **Does the professional have children of their own? *If known, please provide details.*** |
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| **Does the professional work with children in any other capacity?** |
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| **Do you believe the professional poses a current risk of harm to children in your organisation?** |
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| **Form completed by:** |  | **Date** |

**Referral/consultation outcome *(to be completed by LADO)***

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| **LADO discussion:** |
| **Allegation or consultation:** |
| **Allegation Code:**  |
| **Allegation Type:**  |
| **Action taken/agreed:** |

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| --- | --- | --- |
| **LADO completed:** |  | **Date** |

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