**CONFIDENTIAL**

For Office Use Only

**Ref:**

**NOTIFICATION – RECORDING FORM**

**ALLEGATION/ADVICE/CONCERN REFERRAL FORM**

**1. Initial Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Referral sent to LADO: |  | Time: if known |  |
| Date LADO informed: |  | Time: if known |  |
| Name of Person completing form: |  | | |
| Name of informant: |  | | |
| Position of informant: |  | | |
| Agency of informant: |  | | |
| Contact details of informant  Telephone No:  E-mail address:  Secure e-mail address: |  | | |

**2.** **Information about the allegation or concern**

|  |  |
| --- | --- |
| Date of alleged incident: |  |
| Where did alleged incident take place: |  |
| Date allegation/concern received by LADO: |  |
| Who did the Young Person first make the concern known to (also state relationship)? |  |

1. **Information about the person against whom the allegation has been**

**made**

|  |  |
| --- | --- |
| Name: |  |
| Sex: |  |
| Date of Birth: |  |
| Address: |  |
| Job Title/Role: |  |
| Length of service in current post: |  |
| Employer: |  |
| What basis is person employed; Permanent, Temporary, Fixed Term, Agency Worker, Other |  |
| Have any allegations or concerns been made against this person previously? Yes/No |  |
| If yes – please provide details: |  |
| Date of last DBS: |  |
| Disclosure No: |  |
| Does the person have any dependent Young Persons or access to any Young Persons under the age of 18?  If yes please provide details |  |

1. **Information about the young person making the allegation/raising the Concern**

|  |  |
| --- | --- |
| Name: |  |
| Sex: |  |
| Date of Birth: |  |
| Address: |  |
| School: |  |
| Is the Young Person Looked After? |  |
| Legal Status of Young Person: |  |
| Is the Young Person subject of a CP Plan? |  |
| Does the Young Person have Special Educational Needs? If so, please state level of support: |  |
| Has the Young Person raised previous concerns? If yes – please provide details: |  |
| Does this concern more than one Young Person? |  |

**Ethnicity**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity of Adult** | | **Ethnicity of Child** | |
| **White** | | **White** | |
| White British |  | White British |  |
| White Irish |  | White Irish |  |
| Any other white |  | Any other white |  |
| **Mixed** | | **Mixed** | |
| White and black Caribbean |  | White and black Caribbean |  |
| White and black African |  | White and black African |  |
| White and Asian |  | White and Asian |  |
| Any other mixed |  | Any other mixed |  |
| **Asian or Asian British** | | **Asian or Asian British** | |
| Indian |  | Indian |  |
| Pakistani |  | Pakistani |  |
| Bangladeshi |  | Bangladeshi |  |
| Any other Asian |  | Any other Asian |  |
| **Black or Black British** | | **Black or Black British** | |
| Caribbean |  | Caribbean |  |
| African |  | African |  |
| Any other black |  | Any other black |  |
| Other ethnic groups |  | Other ethnic groups |  |
| **Chinese** |  | **Chinese** |  |
| Any other ethnic group |  | Any other ethnic group |  |

**5. Employment sector of member of staff and primary abuse category**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employment sector of member of staff and primary abuse category | | | | | |
| Employer | Physical | Emotional | Sexual | Neglect | Risk of Harm |
| Social Care: |  |  |  |  |  |
| Health: |  |  |  |  |  |
| Education: |  |  |  |  |  |
| Foster Carers: |  |  |  |  |  |
| Connexions |  |  |  |  |  |
| Police: |  |  |  |  |  |
| YOT: |  |  |  |  |  |
| Probation: |  |  |  |  |  |
| CAFCASS: |  |  |  |  |  |
| NSPCC: |  |  |  |  |  |
| Voluntary Youth Organisations: |  |  |  |  |  |
| Residential: |  |  |  |  |  |
| Faith Groups: |  |  |  |  |  |
| Armed Forces: |  |  |  |  |  |
| Immigration/  Asylum Support  Services: |  |  |  |  |  |
| Early Years: |  |  |  |  |  |
| Childminders: |  |  |  |  |  |
| Sports: |  |  |  |  |  |
| Other |  |  |  |  |  |

**6. Brief description of alleged incident/concern**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Authorised Restraint used?** | Yes / No |

**7**. **Outcome of LADO consultation**

|  |  |
| --- | --- |
| NFA as threshold not met: |  |
| More info required from: |  |
| Strategy Meeting to be held: |  |

**8. People to be invited to the meeting**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Tick if req. | Name of Representative from agency | Position |
| Police |  |  |  |
| Human Resources |  |  |  |
| School |  |  |  |
| Health |  |  |  |
| Social Worker |  |  |  |
| Family Placement |  |  |  |
| Legal |  |  |  |
| SNO |  |  |  |
| HR |  |  |  |
| Other |  |  |  |

**9. Further details of person completing the form**

|  |  |
| --- | --- |
| Name: |  |
| Designation: |  |
| Team: |  |
| Date: |  |
| Contact Details: |  |