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| **MULTI- AGENCY REFERRAL WHEREBY AN ALLEGATION HAS BEEN MADE AGAINST STAFF OR VOLUNTEER WHO WORKS WITH CHILDREN**  Note to Referrers:  This form should be used to make a referral to children’s social care, regarding a staff member/volunteer against whom an allegation has been made, in line with Chapter 7 of the London Child Protection Procedures, Keeping Children Safe in Education and Working Together 2015.  Once completed please return securely within 1 working day of the incident to: [aap@ealing.gov.uk](mailto:aap@ealing.gov.uk) or [child.protection@ealing.cjsm.net](mailto:child.protection@ealing.cjsm.net)  Contact telephone number for LADO queries: 020 8825 8930 |
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| **LADO REFERRAL FORM** | |
| Incident Date |  |
| Referral Date |  |
| Reason, if more than 24hrs since incident |  |
| **Details of Staff/Volunteer subject to Allegation:** | |
| Name of staff/volunteer |  |
| Date of Birth |  |
| Language spoken |  |
| Ethnicity |  |
| Home/main address incl. postcode |  |
| Occupation |  |
| Place of Work address |  |
| **Details of Employer/organisation:** | |
| Name of employer/organisation |  |
| Address |  |
| Contact name and tel number |  |
| **Details on Children involved:** | |
| CP Process initiated? |  |
| Name of allocated social worker /team |  |
| Name/s and dates of birth of child/ren |  |
| Home address |  |
| Language spoken |  |
| Ethnicity |  |
| Does allegation relate to child’s LAC placement? |  |
| **Details of Referrer:** | |
| Name |  |
| Contact tel number |  |
| Position/role |  |
| Name and address of organisation |  |
| **Details of the Allegation:** | |
| **Please provide the following information regarding the allegation**   * **Details of the allegation** * **Date/s of the allegation** * **Details of where the incident is alleged to have taken place** * **Details of any injuries** * **Details of any witnesses and involvement of police or other agencies to date** * **What actions have been taken forward to date i.e. has the professional been suspended or moved to a different place of work** | |
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| Main abuse category | Physical sexual emotional neglect  If physical did  allegation result  from staff/volunteer  using authorised  physical intervention? |
| What safeguarding arrangements have been put in place for the child? |  |
| Are there any relevant concerns about the child we need to be aware of? |  |
| Have Human Resources been informed? |  |

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| **Feedback to Referrers:**  Your referral will be forwarded to the LADO who will aim, **as a guideline**, to respond to your referral within 24 hours.  Please contact us   * If you do not hear back from us within 3 working days regarding the outcome and/or progress of your referral * If you wish to discuss the decision made regarding your referral * If you encounter any difficulties in relation to your referral that you wish to bring to the attention of the LADO |