

|  |
| --- |
| **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 or child.protection@ealing.cjsm.netContact telephone number for LADO queries: 020 8825 8930 |
|  |

|  |
| --- |
| **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**
 |
|  |
|  |
| Main abuse category | Physical sexual emotional neglectIf 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? |  |

|  |
| --- |
| **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
 |