

**NYCC SAFEGUARDING UNIT**  
**LADO REFERRAL FORM**  
*Official (when completed)*

**Please complete this form when there is an allegation that a person who works with children has:**

- Behaved in a way that has harmed, or may have harmed, a child; or
- Possibly committed a criminal offence against, or related to a child; or
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; or
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

If the allegation is against more than one person, then a separate form should be completed for each person.

**Any concern(s) about a professional should be referred to the LADO within 24 hours of the incident.**  
**(If there is an immediate risk of harm to a child please make a referral to Children & Families and / or Police)**

Details of adult against whom the allegation has been made	
Name:	
Date of Birth:	
Ethnicity:	
Sex (Male, Female, Indeterminate):	
Home address:	
Job title/role:	
Organisation name and address:	
Have any allegations or concerns been made against this person previously. If so, please provide details:	
Does the person have any other contact (through other work and /or volunteering) with vulnerable individuals (children or adults),	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, please complete information below:
Name of organisation and address:	
Does the person have children of their own and / or care for children in a personal capacity, either full time or occasionally at home or at another address?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete information below.
Name(s) and Dob/age:	
Relationship(s):	

<b>Details of Person Making the Referral</b>	
Name (Forename(s) and Surname):	
Organisation name and address:	
Position held/job title:	
Contact number(s):	
Email address:	

<b>Details of Person Managing the case</b> <i>(if your organisation is managing the case and if different from person making the referral)</i>	
Name:	
Organisation name and address:	
Position held/job title:	
Contact number(s):	
Email address:	

<b>Details of child(ren) involved in allegation</b> <i>If the incident concerns more than one child, each child must be named on the same form.</i>	
Name(s):	
Date(s) of Birth:	
Ethnicity:	
Sex (Male, Female, Indeterminate):	
Home address(s):	
Disability:	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
LAC :	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Responsible authority:	
CP Plan:	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Name of parent/carer:	
Has the parent / carer been informed? If yes, have they provided their view?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Do they have a social worker?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
If Yes please give contact details (name, email address, tel. no.)	

Have they been informed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
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**Details of the allegation or concern**

Date and time of incident:	
Location of incident:	
Have you discussed this allegation with a LADO or LADO support? If Yes – please state who you have spoken to and when:	
Please indicate which category of abuse applies and which threshold you think is met:	Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional <input type="checkbox"/> Neglect <input type="checkbox"/>  <input type="checkbox"/> Behaved in a way that has harmed, or may have harmed, a child; or <input type="checkbox"/> Possibly committed a criminal offence against, or related to a child; or <input type="checkbox"/> Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; or <input type="checkbox"/> Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

**Description of allegation or concern:** Please provide as much information as possible including details of any injuries/harm and any witnesses to the incident and any action(s) taken.  
Please submit any written incident reports / body maps, if available, with the referral form.

<b>What action(s) has been taken regarding the allegation so far?</b>  Has any immediate safeguarding action been taken?  Have referrals to the Police and Children's Social Care been made (if appropriate)?	
<b>Do you believe the individual poses a risk of harm to children and young people in the organisation?</b>	Please give details:

**Thank you for completing this form.**  
**Please complete electronically and email to [lado@northyorks.gov.uk](mailto:lado@northyorks.gov.uk)**  
**Should you have any queries please contact the Duty LADO on 01609 533080**