

ALLEGATIONS AGAINST AN ADULT WHO WORKS WITH CHILDREN

STRICTLY CONFIDENTIAL

THE CONTENTS OF THIS REPORT ARE NOT TO BE REPRODUCED, COPIED OR DIVULGED IN ANY WAY. INFORMATION IS NOT TO BE DISCUSSED WITH, OR REVEALED TO, PERSONS WHO ARE NOT REQUIRED IN THE INTERESTS OF A CHILD TO HAVE SUCH INFORMATION. ALL ENQUIRIES FOR THE USE OF ANY SUCH INFORMATION SHOULD BE MADE TO THE LOCAL AUTHORITY DESIGNATED OFFICER

REFERRAL FORM

Once completed please email directly to the Children's Safeguarding Unit within 24 hrs of the allegation being made.

E-mail: Internal: Safeguarding LADO (West) Internal or

External: safeguardinglado@cheshirewestandchester.gov.uk

1. ADULT AGAINST WHOM THE ALLEGATION HAS BEEN MADE

NAME			
D.O.B			
ADDRESS			
JOB TITLE			
EMPLOYER			
EMPLOYER ADDRESS & CONTACT DETAILS			
	TEL:		EMAIL:

2. REFERRER

NAME		
JOB TITLE		
ORGANISATION		
CONTACT DETAILS	TEL:	
	EMAIL:	
DATE OF REFERRAL		

3. CHILD'S DETAILS

NAME		
D.O.B		
ADDRESS		
IS THE CHILD KNOWN TO CHILDREN'S SOCIAL CARE?	Yes/No	Liquid Logic Number if known
IS THE CHILD IN THE CARE OF THE LOCAL AUTHORITY?	Yes/No	

***If there is more than one child directly involved please copy and paste the above so that all relevant children are identified.

4. NATURE AND DETAILS OF ALLEGATION

PLEASE PROVIDE DETAILED INFORMATION ABOUT THE ALLEGATION AND ANY ACTIONS YOU HAVE ALREADY TAKEN. (Please do not refer to individuals by their initials)

OUTCOMES

For use by the Safeguarding and Quality Assurance Unit only

5. DISCUSSIONS AND ACTIONS

BRIEF RECORD OF DISCUSSION AND ACTIONS

6. DECISION

DOES THIS MATTER MEET THE CRITERIA FOR INVESTIGATION UNDER LADO PROCEDURES	YES/NO
PLEASE CLEARLY RECORD FINAL OUTCOME AND RATIONALE	

LADO OR THEIR REPRESENTATIVE WHO HAD OVERVIEW OF THE ALLEGATION		DATE:	
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