

**DESIGNATED OFFICERS (LADO) REFERRAL AND CONSULTATION FORM**

**NOTIFICATION OF ALLEGATION AGAINST A PROFESSIONAL**

A referral must be made in all cases where it is alleged that a person who works or volunteers with children has:

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

Please note the above thresholds would include any transferable risk from the individual’s personal lives.

* *Do ensure that urgent medical treatment is sought if required, and that the child is supported.*
* *Do not discuss or inform the member of staff concerned that this referral is being made unless advised to by HR or one of the Local Authority Designated Officers.*
* *It is not your duty to investigate the allegation as this may lead to evidence being lost/contaminated or may even put the child, or others, at risk.*

*Referral to LADO should be made within one working day of concern/allegation being raised.*

*This form will be reviewed by the LADO service and you will be contacted if more information is required and will be advised of next steps within one working day.*

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| **Date of Notification** |  |
| **Date of alleged incident** |  |
| **Name of referrer** |  |
| **Agency** |  |
| **Contact details and email** |  |

**Please complete and send to the Duty Lado -** [**lado.safeguardingchildren@oxfordshire.gov.uk**](mailto:lado.safeguardingchildren@oxfordshire.gov.uk)

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| **Professional(s) named in the allegation** |

|  |  |  |
| --- | --- | --- |
| **Name\*:** | **Date of**  **Birth\*** | **Home address\*** |
|  |  |  |
|  |  |  |

\*mandatory

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| --- | --- |
| **Employer** |  |
| **Employer address** |  |
| **Occupation** |  |

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| --- |
| **Child/children’s details as alleged victim (if applicable to the concern)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DoB** | **Legal status ie Child we care for** | **Social worker or case worker** |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Address:** |  |

**Allegation details**

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| **Summary of allegation/concern** |
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|  |  |
| --- | --- |
| **Child/young person’s view\***  **(if known)** |  |
| **Parent/carers view\***  **(if known)** |  |

*\* it may not always be appropriate to have parent/carer/child view especially with consultations*

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| **Any known witnesses - detail below:** |
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**Professional details**

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| **Does the professional have children of their own? *If known, please provide details.*** |
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| **Previous concerns of a safeguarding nature: (*provide detail including dates- you may need to consult with HR for this information)*** |
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| **Does the professional work with children in any other capacity?** |
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| **Do you believe the professional poses a current risk of harm to children in your organisation?** |
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| **If the professional who the concerns are about, is not an employee of your organisation *(i.e agency staff*). Have you discussed the concern with the employer?** |
| ***Yes or no*** |
| **What is their view?** |
| **Name of employer:** |
| **Contact details:** |

|  |  |  |
| --- | --- | --- |
| **Form completed by:** |  | **Date** |

**Referral/consultation outcome *(to be completed by LADO)***

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| **LADO discussion:** |
| **Category of alleged abuse:** |
| **Allegation or consultation:** |
| **Action taken/agreed:** |

|  |  |  |
| --- | --- | --- |
| **LADO completed:** |  | **Date** |

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