

## LADO REFERRAL

### Allegations against adults who work with children

This form is to be used in cases in which it is alleged that a person who works with children (either paid / unpaid/self-employed) 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 s/he is unsuitable to work with children.**
- If the allegation meets any of the above criteria, the employer should report it to the LADO **within 1 working day**. Referrals should not be delayed to obtain further information
  - For services regulated/inspected by **OFSTED**, the provider should notify them of the allegation.
  - Please complete this form and send it to the Children's Planning and Review Team

[CPRT.LADO@newham.gov.uk](mailto:CPRT.LADO@newham.gov.uk)

- If you wish to have a consultation before making a referral please contact the Children's Planning and Reviewing Team on 0203 373 4107 and ask to speak to the duty Chair or LADO.

If immediate action is required to protect a child, please discuss this with the LADO. Outside of 9am-5pm, contact the Emergency Duty Team (Tel. 0208 430 2000) or local Police (Met switchboard – 101 or in an emergency 999)

**SUBJECT OF ALLEGATION:**

First Name:		Surname:	
D.O.B:			
Gender:			
Ethnicity:			
Disability:			
Job Title/Role:			
Type of Employment:			
Employing Organisation/ Resource Name:			
Employing Organisation/ Resource Address:			
Employment Sector:			
Other Roles:			
Home Address:			

**DETAILS OF CHILDREN UNDER 18 IN THE SUBJECT'S HOUSEHOLD:**

Please note - if the allegation is against a foster carer, all children in the placement will need to be considered, including the foster carer's children.

Name: D.O.B: CareFirst number (if known):
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**DETAILS OF CHILD/REN CONCERNED:**

Name:
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D.O.B:

Home Address:

Ethnicity:

Disability:

CareFirst number (if known):

Is child known to Newham CYPS?

Is the child known to another LA? If so, which?

Please give a brief summary of reason/s:

Is the case currently open?

Allocated social worker and contact details:

**If child/ren has an allocated social worker please copy this referral to them.**

Name:

D.O.B:

Home Address:

Ethnicity:

Disability:

CareFirst number (if known):

Is child known to Newham CYPS?

Is the child known to another LA? If so, which?

Please give a brief summary of reason/s:

Is the case currently open?

Allocated social worker and contact details:

**If child/ren has an allocated social worker please copy this referral to them.**

Name:

D.O.B:

Home Address:

Ethnicity:

Disability:

CareFirst number (if known):

Is child known to Newham CYPS?

Is the child known to another LA? If so, which?

Please give a brief summary of reason/s:

Is the case currently open?

Allocated social worker and contact details:

**If child/ren has an allocated social worker please copy this referral to them.**

**Referrals will be shared with family and should not be made without a parent's knowledge/agreement unless this would jeopardise the child/ren's safety.**

The child/ren know/s about the referral:      If no, state reason:

The parent knows about the referral:      If no, state reason:

The carer (if applicable) knows about the referral:      If no, state reason:

**BRIEF ACCOUNT OF ALLEGATION:**

Category of Abuse (if relevant):

**ACTION TAKEN BY EMPLOYING ORGANISATION/RESOURCE:**

**HISTORY OF CONCERNS/PREVIOUS ALLEGATIONS & OUTCOMES:**

**PLEASE PROVIDE DETAILS OF SIGNIFICANT PROFESSIONALS INVOLVED WITH THE ADULT AND CHILD/REN:**

This should include the Senior Manager and HR advisor for the employing organisation and the child's social worker if there is one. For foster carers, include the supervising social worker/fostering agency manager

Name:

Designation:

Work address:

Contact Number/email:

Name:

Designation:

Work address:

Contact Number/email:

Name:

Designation:

Work address: Contact Number/email:
Name: Designation: Work address: Contact Number/email:

**OTHER RELEVANT INFORMATION:**

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**FORM COMPLETED BY:**

Name: Job Title/Role: Employing organisation:                      and sector: Contact details: Date:
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