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**Allegations against staff or volunteers who work with children**

**Referral form to the Local Authority Designated Officer (LADO)**

A referral needs to be made within **24 hours** of it becoming known that an allegation has been made that a person who works with children has:

* Behaved in a way that has harmed, 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 they may pose a risk of harm to children

**This referral form must be completed and emailed to:**

MASH@wandsworth.gov.uk and cc to LADO@richmondandwandsworth.gov.uk.

* If you are not using a secure email service, please ensure that the document is password protected. The password should be sent in a separate email.
* Please do not delay sending the referral form if you are not able to answer all the questions below.
* Telephone the LADO immediately after completing and sending the referral form to discuss the next course of action.

**If you are unsure about whether a referral should be made, or have a concern about a member of staff or volunteer in relation to their behaviour at work or in their private life, the LADO can be contacted for consultation/advice.**

**Email:** LADO@richmondandwandsworth.gov.uk **Telephone:** 020-8871 7440

*For child protection enquiries that are not related to an allegation against staff or volunteers who work with children, please call* ***MASH on 020-8871 6622.***

*If you think a child is at immediate risk of significant harm phone the Police.*

**Details of the person against which the allegation, complaint or concern has been made:**

|  |  |
| --- | --- |
| **Full name** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Home Address** |  |
| **Role/ Job title** |  |
| **Name of the setting where the person works** |  |
| **Is the person an employee/volunteer or agency worker** |  |
| **If an agency worker, what are the contact details for the agency?** |  |
| **Length of service in current post** |  |
| **When was the person last DBS checked? Was it clear?** |  |
| **Are there any previous allegations, complaints or concerns in relation to this person (not necessarily safeguarding related)?** |  |
| **Does this person work with children or vulnerable adults in any other capacity? Give details** |  |
| **Does this person have children of their own? Give details** |  |
| **Is the person aware that an allegation, complaint or concern has been raised?** |  |

**Details of the child/ young person subject of the allegation, complaint or concern:**

|  |  |
| --- | --- |
| **Full name** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Home Address** |  |
| **Parent/carers names and contact details** |  |
| **Has the child/ young person made any previous allegations?** |  |
| **Does the child/ young person have a social worker? Give details** |  |

**Details about the allegation, complaint or concern:**

|  |  |
| --- | --- |
| **Date of the alleged incident** |  |
| **Where did the incident take place?** |  |
| **Brief description of the incident?** |  |
| **Person/agency initially receiving the allegation, complaint or concern?** |  |
| **Does the child/ young person have an injury? If so, described the injury** |  |
| ***If the injury has not been seen, describe what has been disclosed?*** |  |
| **Was the alleged incident witnessed? If so, give name and role of the witnesses.** |  |
| **Have the parents/carers of the child been informed? *Give details, including reason if not informed at this stage.*** |  |
| **What safeguarding measures are currently in place?** |  |

**Details of the person completing this form:**

|  |  |
| --- | --- |
| **Name** |  |
| **Agency** |  |
| **Role/Job Title** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **Date** |  |

*Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.*

**END**