**Referral criteria**

An allegation has been made that a person who works with children in a paid or voluntary capacity has:

* Behaved in a way that has harmed a 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.
* Behaved in a way that indicates they may not be suitable to work with children.

If the allegation meets any of the above criteria, the employer or agency should report it to the LADO within **1 working day**

Once completed, please email this form to [**secure-LADO@buckinghamshire.gov.uk**](mailto:secure-LADO@buckinghamshire.gov.uk)

You can also contact the LADO for advice/consultation on **Tel:** **01296 382070**

***NB. It is the responsibility of the employing organisation to report allegations to Ofsted/ISI/GMC/TRA/relevant professional body where appropriate.***

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| --- | --- | --- | --- | --- | --- |
| **Date of referral:** |  | | | | |
| **Contact details of referrer** | | | | | |
| **Name of referrer:** |  | | | | |
| **Referrer’s organisation:** |  | | | | |
| **Referrer’s role:** |  | | | | |
| **Address:** |  | | | | |
| **Phone:** |  | | | | |
| **Email address:** |  | | | | |
| **Details of person subject to allegation or cause of concern** | | | | | |
| **Name:** |  | | | | |
| **Date of birth:** |  | | | | |
| **Ethnicity:** |  | | | | |
| **Gender:** |  | | | | |
| **Address:** |  | | | | |
| **Phone number:** |  | | | | |
| **Employer:** |  | | | | |
| **Name/Contact of Agency (if applicable)** |  | | | | |
| **Job title/role:** |  | | | | |
| **Dates of employment:** |  | | | | |
| **Does the allegation relate to their personal life or their professional role?** |  | | | | |
| **Is the organisation a Commissioned Service?** |  | | | | |
| **Have there been any previous concerns/allegations about this person?** |  | | | | |
| **Does this person have children of their own (under 18)? If so, please give details (if known).** | **Name:** | |  | | |
| **DOB:** | |  | | |
| **Address if different from person of concern:** | |  | | |
| **Does this person work or volunteer in any other capacity with children? If so, please give details:** |  | | | | |
| **Details of child/young person involved/alleged to have been harmed.** | | | | | |
| **Name of child/young person:** |  | | | | |
| **Date of birth:** |  | | | | |
| **Ethnicity:** |  | | | | |
| **Gender:** |  | | | | |
| **Home address:** |  | | | | |
| **Name of parents/carers:** |  | | | | |
| **Is the child known to Social Care?** | **Yes:** |  | | **No:** |  |
| **LCS no. (if known):** |  | | | |
| **Are parents/carers aware of the allegation?** |  | | | | |
| **Does the child/young person have a special need/disability?** |  | | | | |

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| --- | --- | --- | --- |
| **Date of incident:** |  | **Time of incident:** |  |
| **Details of the allegation** | | | |
| |  |  | | --- | --- | |  |  | | | | |
| **What interim safeguarding arrangements have been put in place?** | | | |
|  | | | |

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| --- | --- |
| **LADO advice and date (**To be completed by the LADO) | |
|  | |
| **Threshold decision:** |  |