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**LADO REFERRAL FORM – for Parents/Carers**

|  |  |
| --- | --- |
| **Date of referral** | Select Date |

|  |  |
| --- | --- |
| **Section A** – only complete form if you can answer ‘**Yes**’ to Q1 and at least one of the other 4 questions | |
| 1. Does this person **work** in the wider **children’s workforce** in **KENT** [**not** Bromley, Bexleyheath or Medway (Strood, Rochester, Chatham, Gillingham & Rainham)] | Select |
| **Has this person met the Harm Threshold:** | |
| 1. Behaved in a way that has harmed a child or may have harmed a child? | Select |
| 1. Possibly committed an offence against or related to a child? | Select |
| 1. Behaved towards a child or children in a way that indicates that he or she would pose a risk of harm to children if they work regularly or closely with them? | Select |
| 1. Behaved in a way that indicates they may not be suitable to work with children? (includes transfer of risk, risk by association) | Select |

**Please note that if you are unsure whether a referral should be made please email a summary of your concern to** [**LESASenquiries@kent.gov.uk**](mailto:LESASenquiries@kent.gov.uk) **and we will be happy to advise you.**

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| **Section B – Information about you** | | | | | | | | | | | | | | |
| **Your name** | |  | | | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | | |
| **Telephone Number** | |  | | | | **Email address:** | | |  | | | | | |
|  | | | | | | | | | | | | | | |
| **Section C – Information about your Child** | | | | | | | | | | | | | | |
| **Full name** | | | |  | | | | **Date of Birth** | | | |  | | |
| **Gender** | Select | | | **Ethnicity** | **Select** | | | **Disability (if applicable)** | | | |  | | |
| **Home Address** | | | |  | | | | | | | | | | |
| **Is your child known to Children Social Care? If yes, please provide details** | | | | Select | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Section C – Information about the Person you are referring** *(if more than one person involved, please complete separate forms)* | | | | | | | | | | | | | | |
| **Full name** | | |  | | | | | **Date of Birth (if known)** | | |  | | | |
| **Gender** | Select | | **Ethnicity** | | Select | | | **Disability (if applicable)** | | |  | | | |
| **Home Address (if known)** | | | | |  | | | | | | | | | |
| **Where does he/she work? Employer’s name and address (including Agency & Voluntary organisations)** | | | | |  | | | | | | | | | |
| **Job Title /Role** | | | | |  | | | | | | | | | |
| **Does the person have any other contact (through work/volunteering with children. Please provide details if known)** | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Section D – Details of your concern / the allegation** | | | | | | | | | | | | | | |
| **What is the nature of the allegation, concern or harm caused or posed by this individual?** | | | | Select | | | **Has your child been harmed or sustained an injury?** | | | Select | | | **Is this a historical allegation?** | Select |
| **Please provide details of your concerns that has led to this referral**  (please provide as much information as possible including details of any other children involved, injuries/harm suffered, dates and location, details of any witnesses and any actions/decision that have been taken)  **Date, time and location of Incident:**    **What has happened?**  **What actions have you taken so far?** | | | | | | | | | | | | | | |

***Please email this form as a word document only to***

[LESASenquiries@kent.gov.uk](mailto:LESASenquiries@kent.gov.uk)

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| **Section F – For Office Use only** | | | |
| **LADO Scoping and Overview**  **(To be completed by LADO)** | | | |
| **Name of allocated LADO** |  | | |
| **Does this referral meet the threshold for LADO procedure?**  **What is the categorisation?**  **(Allegation, Consultation or For information only)** |  | | |
| **Advice given with Rationale around:**   * **Immediate safeguards** * **Triangulation of known information – context, searches, complicating factors** * **Welfare support** * **Next steps/sign posting**   **(using the Quality Assurance Practice framework)** |  | | |
| **Search Results** | **MOS-**  **YP-**  **SETTING -** | | |
| **Liberi ID (MOS)** |  | **Liberi ID (Child)** |  |