 

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

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

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| **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** **and we will be happy to advise you.**

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| **Section B – Information about you** |
| **Your name** |  |
| **Address** |  |
| **Telephone Number** |  | **Email address:** |  |
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| **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)** |   |
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| **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

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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)** |  |