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**COUNTY LADO SERVICE- CHILDREN’S SAFEGUARDING**

**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 you can call the County LADO Service on 03000 410 888 and ask to speak with the LADO ENQUIRIES OFFICER who would 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 THE REFERRAL** |
| **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?**  |

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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)** |  |

***Note: To be completed electronically and emailed as a ‘word document only’ to*** ***kentchildrenslado@kent.gov.uk***