**Local Authority Designated Officer Referral Form**

**If you think a child or children are at risk of immediate harm, contact MASH 01302 737777 (available 8.30am - 5pm Monday to Friday) or South Yorkshire Police on 101 or 999**

In accordance with Doncaster Safeguarding Children Partnership – online procedures for

Responding to Allegations Against Staff, Carers or Volunteers [DSCP Procedures](https://doncasterscb.proceduresonline.com/p_alleg_against_staff.html) , this form should be completed and submitted **WITHIN 24 HOURS** of an allegation being made that an adult working with children in a paid or voluntary capacity, employed within Doncaster Metropolitan Borough Council, has in their professional or personal life:

* **Behaved in a way which has harmed a child, 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 that they may pose a risk of harm to children;**
* **Behaved, or may have behaved, in a way towards a child or adult that indicates they may pose a risk of harm to children.**

**Please note: you must not inform the referred person of the allegation prior to consulting the LADO as this could compromise any potential investigation.**

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| **Section 1. Referrer’s details** | |
| **Date and time of incident** | XX/XX/XX |
| **Date referrer became aware of allegation** | XX/XX/XX |
| **Referrer’s Name** |  |
| **Referrer’s job title** |  |
| **Organisation and address** |  |
| **Referrer’s relationship to referred person** |  |
| **Telephone:** | Direct Line Yes/No |
| **E-mail** | Secure Yes / No |

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| **Section 2. Details of person/s subject to the allegation** (please complete a separate form for any additional person of concern) | |
| **First name (s)** |  |
| **Surname** |  |
| **Title** | Mr, Mrs, Ms, Miss, Other |
| **Date of Birth** | XX/XX/XX |
| **Home address** |  |
| **Role** |  |
| **Paid/Voluntary** |  |
| **Dates employed** |  |
| **Previous concerns** |  |
| **Employer name** |  |
| **Employer address** |  |
| **Place of work (if different from above)** |  |
| **If employed via a recruitment agency, please provide details including name and contact number** |  |
| **Other work with children, paid or voluntary?** |  |
| **Any children in their care (0-18y) or with whom they have contact** |  |

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| **Section 3. Child’s details** (please repeat box if more than one child) | |
| **First name** |  |
| **Surname** |  |
| **Date of birth** |  |
| **Gender** |  |
| **Any additional needs** |  |
| **Home address** |  |
| **Name of parent(s)/ carer/ person with PR** |  |
| **Contact details** |  |
| **Has the parent/carer been advised of the allegation and referral to LADO?** |  |
| **Name and contact details of any professionals involved with the child** |  |

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| **Section 4.** **Allegation** | |
| **Which best describes the way the subject person is alleged to have acted?** | |
|  | Behaved in a way which has harmed a child, 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 that they may pose a risk of harm to children; |
|  | Behaved, or may have behaved, in a way towards a child or adult that indicates they may pose a risk of harm to children. |
| **Category of alleged abuse/harm: if more than one, please number in order of concern**  **1 = primary concern** | |
|  | Conduct |
|  | Emotional |
|  | Neglect |
|  | Physical |
|  | Sexual |
| **Specific detail of allegation as reported to you: (who, what, when, where)** | |
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| **Any further information (witnesses / CCTV etc)** | |
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| **Please confirm if you have contacted the below:** | |
|  | **Reference No. / Name / Contact Details** |
| **MASH** |  |
| **POLICE** |  |
| **CHILD’s Social Worker (if applicable)** |  |
| **Other** |  |
| **Have you consulted your HR advisor?**  **Please detail advice and any action taken to ensure all children are safeguarded** | |
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| **What steps are you taking to obtain any missing information on this form and when will this be available?** |
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**Referrer’s electronic signature:**

**Date:**

**Email completed form to:** [**LADO@doncaster.gov.uk**](mailto:LADO@doncaster.gov.uk)