



PRIVATE AND CONFIDENTIAL

Lincolnshire

COUNTY COUNCIL

LADO REFERRAL FORM

Please email completed referral forms to LSCP_LADO@lincolnshire.gov.uk

Please note: A separate form must be completed for each adult subject to an allegation. If the incident concerns more than one child, please input each child's details on the same form.

Before submitting a LADO referral, please consider whether the allegation meets any of the following concerns outlined within the LADO threshold:

It has been alleged that a person who works with children has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

Information about the person against whom the allegation has been made

Mr/Mrs/Miss/Other:

Full Name:

Date of Birth:

Job Title/Role:

Gender:

Ethnicity:

Home address:

Details of any children resident at the person's home address

Resident Child's Full Name:

Resident Child's Date of Birth:

Relationship to person:

Employment Information

Name of person's employer/business name and address:

Name of Senior Manager/ Person dealing with the allegation:

Email address:

Telephone number :

Have there been any historical allegations or concerns raised about this individual (please provide details):

Does the person have any other contact (through work/volunteering) with vulnerable individuals (child/adult)

Other Contact Name:

Other Contact Location:



Information about any child(ren) identified making an allegation or to whom harm has occurred

Child(ren) Full Name:	
Child(ren) Date of Birth:	
Home Address:	
Child's Gender:	
Does the child have a disability:	
Nature of disability:	
Name of Parent/Carer:	
Any complicating factors e.g. Child Protection, Looked After Child:	
Name of Social Worker/Local Authority:	
Allocated Social Worker Contact Details:	

Information about the allegation or concern

Date, time and location of incident:

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Description of allegation or concern - what is the harm that has occurred

Please provide as much information as possible including details of any injuries/harm and any witnesses to the incident and any action taken:

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Details of person completing this form

Name:	
Job Title:	
Employer/Business Name:	
Date:	
Direct Telephone Number:	
Email address:	

Once your LADO referral has been submitted, this will be reviewed and we will aim to respond to your enquiry within 1 working day if the referral is deemed to meet LADO criteria.

If you require further information about LADO processes, this can be found at: https://lincolnshirescb.proceduresonline.com/chapters/p_alleg_pers_wk_child.html?zoom_highlight=lado
If the referral does not meet the LADO threshold in respect of the concerns outlined above, you will be contacted as soon as possible to be offered advice.