

REFERRAL FORM



AGENCY reporting form for ALLEGATIONS against staff and volunteers working with children and young people in the London Borough of Sutton

People Directorate

Civic Offices

St Nicholas Way

Sutton

SM1 1EA

Tel: 020 8770 4776

Email: LADO@sutton.gov.uk

This form is to be used in cases where it is alleged that an adult who works with children (either paid / unpaid/ self-employed) has:

- Behaved in a way that has *harmed* or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child/ren in a way that indicates s/he is unsuitable to work with children

If the allegation meets any of the above criteria, the employer should report it to the LADO **within 1 working day**.

Please complete this form and email it to the LADO service at the secure inbox: LADO@sutton.gov.uk

The LADO service is made up of child protection conference chairs who also chair senior strategy meetings and provide LADO advice. The Lead LADO is Petra Kitchman.

If you wish to have a consultation before making a referral please contact the Duty LADO on 0208 770 4776.

If immediate action is required to protect a child outside office hours please contact the Children's Emergency Duty Team on 0208 770 5000.

AGENCY reporting form for ALLEGATIONS against staff and volunteers working with children and young people	
Date of referral	
Referrer's name and job title	
Place of work and address	
Tel number	
Email	
Best contact times	
Details of Human Resources Representative	

The Subject of the allegation	
Name	
DOB	
Address	
Ethnicity	
Job Title (please say whether this is a permanent employee, agency member of staff or volunteer) If agency staff please give details of the employment agency	
Length of time of employment	
Have there been any previous concerns or allegations made	

<p>Does he/ she have any other roles which involve working with children/ young people</p>				
<p>Do they have children of their own if so please give details, if possible</p>				
<p>Date of alleged incident</p>				
<p>Date allegation reported to referrer</p>				
<p>Category of Abuse Alleged – <i>please tick</i></p>	<p>Physical</p>	<p>Emotional</p>	<p>Sexual</p>	<p>Neglect</p>
<p>Details of allegation</p>				
<p>Are there witnesses to the alleged incident? Please give their details</p>				
<p>If there has been a delay in reporting the allegation, please state why</p>				
<p>Are the parents/carers of the child aware of the allegation?</p>				
<p>Is the child/young person aware of the referral being made?</p>				

Action taken by the employer/ voluntary agency	
Details of potential victim/child	
Name of child / young person making the allegation	
DOB	
Address	
Name of Parent/ Carer Contact number	
Names and DOB of siblings	
Does anyone have a disability	
Language	
Ethnicity	
Is the child or their family known to Sutton Children's Services	
Does the child have an allocated social worker	
Is the child subject to a Child Protection plan or Looked After	
Has the child / young person made any previous allegations	
What does the child/ young person want to happen next	

Sign off

Referrer's name:	
Referrer's signature: (please add electronically if referring by email if possible)	
Date	