**LEICESTER CITY COUNCIL CHILDREN’S SAFEGUARDING & QUALITY ASSURANCE UNIT**



**CONTACT TO LOCAL AUTHORITY DESIGNATED OFFICER (LADO)**

**ALLEGATIONS AGAINST ADULTS WORKING IN POSITIONS OF TRUST**

You should contact Leicester CITY LADO if you have reasonable cause to believe that a person who works with or has responsibility for children, whether in connection with paid employment or voluntary activity, 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 or children in a way that indicates they may pose risk of harm to children
* Behaved or may have behaved in a way that indicates they may be unsuitable to work with children

If the allegation meets any of the above criteria, the employing or managing agency or should report it to the LADO within 1 working day.

Contact to the LADO should not be delayed by obtaining further information.

Once completed, please return your form marked ‘for the attention of the LADO” to   
[LADO-allegations-referrals@leicester.gov.uk](mailto:LADO-allegations-referrals@leicester.gov.uk)

Please complete as much of the referral as you can.

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| **Referrer Details** | |
| Name: | Role or job title: |
| Organisation: | |
| Address: | |
| Tel: | E-mail: |

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| **Member of staff/volunteer**– The person(s) about whom the allegation has been made |
| Name: |
| Home address: |

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| Date of Birth: | Ethnic origin: | | Male  Female  Other | | |
| Tel: | | | Email: | | |
| Role or job title and main duties: | | | Employment status: | | |
| Employing / voluntary agency where the individual works | | | Address of employment: | | |
| Responsible managers name (if different from above): | | | Responsible managers tel number and email (if different from above): | | |
| If the adult of concern is an agency / cover / supply worker provide details of the placing employment agency including details of point of contact: | | | | | |
| How long has the individual person been in this role or employment: | | | | | |
| Additional information e.g. employment / volunteering history, any previous concerns or allegations raised or disciplinary action taken: | | | | | |
| Details of relevant training completed e.g. mandatory safeguarding training: | | | | | |
| Do they have any other employments with children or vulnerable adults? Provide as much detail as possible: | | | | | |
| Do they have care of / contact with children, grandchildren at home? Provide as much detail as possible (name, address, date of birth): | | | | | |
| Are there any particular vulnerabilities for the adult of concern e.g. mental or emotional health needs: | | | | | |
| Have safer recruitment processes been followed? | | | | Yes  No | |
| Date of most recent DBS check if known: | | | | | |
| **Details of child or young person to whom the allegation relates** | | | | | |
| Name: | | | | | |
| Date of Birth: | | Ethnicity: | | | Male  Female  Other |
| Home Address: | | | | | |

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| School/College/Workplace: | LL ID number if known: |
| Is the child LAC:  Yes  No | Does the child have a disability?  Yes  No |
| Additional information e.g. other specific needs or vulnerabilities, any previous safeguarding concerns: | |
| Is there currently an allocated social worker? Provide name of Social Worker, Local Authority details, email address and phone number. | |
| What is the child or young person saying about the allegation? What do they say has happened? What do they think will happen now? Who has spoken to them about the concerns and when? | |

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| **Family Details** |  |
| Parent/Carer Name: |  |
| Relationship: |  |
| Date of Birth: |  |
| Ethnicity: |  |
| Address: |  |
| Tel: |  |
| Email: |  |
| Any relevant additional Information: |  |
| Has parent / carer been informed of allegation or concern: |  |
| **Details of Allegation / Concern:** | |
| Does this allegation relate to the individual of concern’s home / personal life or professional life or both: | |
| **Details of the concern**.  Include if known. Date/time /place this occurred:  If multiple incidents or ongoing concerns provide details e.g. with timescales if possible:  Record the details of the allegation using the child/adult’s own words where possible: | |
| Is the adult of concern aware of the allegation or concern: if so, what is their response? | |
| Who else is aware of the allegation or concern if anybody, eg have police been informed? | |
| What if any interim safety measures are in place? Please detail all actions taken to date within the organisation to safeguard and support both the child and the adult of concern: | |

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| **Referrer signature** | **Date** | **Time** |
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| **Key Relevant guidance** |
| [Working Together to Safeguard Children](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) 2020  [Keeping children safe in education - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2) Keeping children safe in education 2021  [Allegations Against Persons who Work with Children (proceduresonline.com)](https://llrscb.proceduresonline.com/p_alleg_staff.html)  Leicester Safeguarding Children Partnership Board “Allegations against persons who work with children” |