 **REFERRAL FORM**

**Allegations Against Staff & Volunteers Working with Children & Young People**

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| **Referrer Details** |
| Referred by: |  | Agency/Relationship to child |  |
|  |
| Address: |  | Contact No: |  |
|  |
| Date of Referral: |  | Email (Secure): |  |
|  |
| Is the professional aware of this referral? | Yes [ ]  | No [ ]  |

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| **Professional against whom the allegation has been made** |
| Name & DoB: |  | Given names: |  |
| Known As: |  |
|  |
| Home Address: |  | Postcode: |  |
|  |
| Employer: |  | Contact No: |  |
| Employer address: |   | Postcode: |  |
| Family Members Names:  | DOB | M / F | Relationship (Please state if have PR if known) |
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| **Allegation made by:** |
| Name & DoB: |  |
| Home address: |  |
| Relationship to subject of allegation: |  |



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| **Any other relevant supporting information** |
| (Please clarify if there have been previous safeguarding concerns re the subject / previous investigations . previous allegations) |

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| **Reason for referral** |
| (Please include the date of the alleged incident / where the incident occurred etc) |

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| **Actions taken so far** |
| (Please state if any actions have already been taken such as interviews / witness statements / suspension etc) |

**For all new referrals on cases not currently already known and open to a social worker within Children Services: Please email completed referral to** **MASH-GCSX@hounslow.gcsx.gov.uk** **or fax: 020 8 583 4747.**

**For referrals on cases already open to Children Services with an allocated worker, please email internally the completed form directly to the inbox of: cpcc-gcsx and note clearly that it is a LADO referral. It will then be passed on to the LADO officer on duty.**



 **LADO ONLY**

**Name of LADO:**

**LADO Decisions**

|  |  |  |
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| Does the allegation meet the criteria for a strategy meeting?s Allegation meet the cr (If Yes please provide date of meeting; if No record reason and end date) | Yes **[ ]**  | No **[ ]**  |

|  |  |  |
| --- | --- | --- |
| If Yes, date of proposed meeting. | Date: |  |

|  |
| --- |
| **If No record reason** |
|  |
| End Date: |  |

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| --- |
| **Category of abuse** |
| Sexual Abuse | **[ ]**  | Physical Abuse | **[ ]**  |
| Neglect | **[ ]**  | Emotional Abuse | **[ ]**  |

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| **Final outcome of the investigation** |
| Substantiated | **[ ]**  | Unsubstantiated  | **[ ]**  |
| Malicious | **[ ]**  | False | **[ ]**  |
| Further referrals needed (i.e. DBS) | **[ ]**  |  |  |

|  |  |
| --- | --- |
| End Date: |  |

 **LADO Signature:**