 **REFERRAL FORM**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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**](mailto: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**

|  |  |  |
| --- | --- | --- |
| 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: |  |

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

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

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

**LADO Signature:**