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| Logo  Description automatically generated with medium confidence |  | Allegations Form 1 | Version: 0.4 |
|  | Last Review: …… | |
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| **STRICTLY CONFIDENTIAL** | | |
| **Form to be disposed of when:** | subject has reached normal retirement age or for ten years if longer | |

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| **Allegations Management**  **Referral/Consultation Form (Allegations Form 1)** |

**Allegations Against Staff or Volunteers working with children.**

Working Together 2018 set outs the responsibilities of organisations and agencies working with children and families. It states that those organisations should have clear policies for dealing with **allegations against people who work with children**. Such policies should make a clear distinction between an **allegation**, **a concern about the quality of care or practice** or a **complaint**.

All allegations must be referred to the LADO within **24 hours** of the incident, or when the person became aware of the incident. An allegation is defined by the below **scope**, in that a person who works, volunteers, or is in a position of trust 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;
* Behaved towards a child or children in a way that indicates she or he may pose a risk of harm to children, or;
* Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

**The LADO will** provide telephone consultation, advice and guidance to all organisations who work/volunteer with children. All telephone contact with LADO should be followed in writing by completion of this form.

**Please note,** that the LADO may require you gain further information, to consider the context, content or circumstance of the allegation, to agree the most proportionate action.

If several people are accused within the allegation, then **separate** referral forms need to be completed for the LADO’s consideration.

**PROVIDE AS MUCH INFORMATION AS YOU CAN**

To be completed by the referrer

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| **THE REFERRER** | |
| **Name of person making the referral:** | Click or tap here to enter text. |
| **Position:**  (full title of your role and team). | Click or tap here to enter text. |
| **Employer:**  (include organisation address). | Click or tap here to enter text. |
| **Working Sector:**  *(Please state)**i.e. Police, Children’s Social Care, Health.* | Click or tap here to enter text. |
| **Telephone number:** | Click or tap here to enter text. |
| **Email Address:** | Click or tap here to enter text. |
| **Date of the LADO referral:** | Click or tap to enter a date. |
| **Name of LADO spoken too:** | Click or tap here to enter text. |
| **When the referrer became aware of the concern:**  If there is a delay (more than 24 hours) please state why. | Date: Click or tap to enter a date.  Time: Click or tap here to enter text.  If there has been a delay to refer to LADO, please specify reason below:  Click or tap here to enter text. |

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| **INFORMATION ABOUT THE PERSON WHO IS SUBJECT OF THE ALLEGATION** | |
| **Name:**  name of person should be identified. | Click or tap here to enter text. |
| **DOB:** | Click or tap to enter a date. |
| **Gender:** | Click or tap here to enter text. |
| **Home address:** | Click or tap here to enter text. |
| **Ethnicity:**  If known. | Click or tap here to enter text. |
| **Additional needs:**  If known, please identify. | Yes  No  If Yes, please provide details below:  Click or tap here to enter text. |
| **Occupation and Job Title:**  Please indicate if they have a specific role with children. | Click or tap here to enter text. |
| **Name and Address of Agency/setting, including sector:**  e.g., Education, Children’s Social Care, Fostering, Residential, Early Years, Voluntary Sector, Transport, Health, Police, Sport, Faith or Other (please state). | Click or tap here to enter text. |
| **Employment/volunteering base (if different):** | Click or tap here to enter text. |
| **Is the person suspended?**  Please give date when suspended. | Yes  No  Unknown  If Yes, please provide date below:  Click or tap to enter a date. |
| **Does this person have children of their own?** | Yes  No  Unknown  If Yes, please provide details below:  Click or tap here to enter text. |
| **Does this person reside in a household with children, or have regular contact with children outside of their employment/volunteering role(s)?** | Yes  No  Unknown  If Yes, please provide details below:  Click or tap here to enter text. |
| **Are you aware of any previous allegations/concerns in respect of this person?** | Yes  No  If Yes, please provide details below:  Click or tap here to enter text. |
| **Any other employment/volunteering role with children and/or young people?** | Yes  No  Unknown  If Yes, please provide details below:  Click or tap here to enter text. |

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|  | |  |  | | **DETAILS OF THE ALLEGED VICTIM(S)** | | | | | | | |  |
| **Full Name** | **Current Address** | | | **DOB** | | **How does the allegation victim know the person of concern?** | **Gender** | **Ethnicity (if known)** | **Parent/ Carer Name and Address** | **Social Worker name, Local Authority details, if applicable** | **Legal Status (if known)** | **Any Disability/ Additional Needs (Specify)** | **Any other agencies/ services involved with the alleged victim(s)** |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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|  | |  |  | | **OTHER CHILDREN TO CONSIDER CONNECTED TO THE ACCUSED PERSON** | | | | | | | |  |
| **Full Name** | **Current Address** | | | **DOB** | | **How does the allegation victim know the person of concern?** | **Gender** | **Ethnicity (if known)** | **Parent/ Carer Name and Address** | **Social Worker name, Local Authority details, if applicable** | **Legal Status (if known)** | **Any Disability/ Additional Needs (Specify)** | **Any other agencies/ services involved with the alleged victim(s)** |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **THE ACCUSED PERSON HAS:**  Please indicate all that apply: | |
| **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;** |  |
| **Behaved towards a child(ren) 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.**  Consider transferable risk: This can be in relation to actions in their private life where they have behaved in a way which indicates they may not be suitable to work / volunteer with children. |  |

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| **DETAILS OF THE ALLEGED INCIDENT/CONCERN** | |
| **Date and Time:** | Click or tap here to enter text. |
| **Place of incident/concern:** | Click or tap here to enter text. |
| **Category of Harm:**  Physical; Sexual; Emotional; Neglect. | Click or tap here to enter text. |
| **Has the alleged victim sustained an injury?**  Please provide details. | Click or tap here to enter text. |
| **Were there any witnesses to the incident / CCTV?**  Please provide details. | Click or tap here to enter text. |
| **Are written incident reports available?**  If Yes, please attach to this referral. | Click or tap here to enter text. |
| **Is the person of concern aware of this being raised?** | Click or tap here to enter text. |

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| **DESCRIPTION OF THE INCIDENT/CONCERN**  **USE FULL NAMES OF THOSE INVOLVED, AND FACTUAL DETAILS OF WHAT IS KNOWN.** |
| **Click or tap here to enter text.** |

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| **WHAT ACTION HAS BEEN TAKEN REGARDING THE ALLEGATION/CONCERN**  Consider;  What immediate safeguarding measures have been put in place, if any?  Have referral to the Police and Children’s Services been made if necessary – if so name and contact details?  Have you consulted with your line manager and/or HR within your organisation?  Has the employment risk assessment been completed? any decisions been taken about suspension/ alternative duties? |
| Click or tap here to enter text. |

The Allegation and its content are to be limited to those who need to know and is **strictly confidential.**

Only record on the child file that a referral to LADO has been completed, and that **Childrens Safeguarding & Reviewing Service** holds the records of the Allegation details. The Allegation details, and the accused details **should not be recorded on a child’s file.**

This referral form should be completed in conjunction with reading the **North East Lincolnshire Safeguarding Children Partnership Procedure;**

**ALLEGATIONS AGAINST STAFF OR VOLUNTEERS** [**https://www.safernel.co.uk/wp-content/uploads/2021/10/Allegations-management-A11Y-Dec-20.pdf**](https://www.safernel.co.uk/wp-content/uploads/2021/10/Allegations-management-A11Y-Dec-20.pdf)

Please sent this referral form **securely** to**:**

**Local Authority Designated Officer**

**Tel: 01427 326118**

[**LADO@nelincs.gov.uk**](mailto:LADO@nelincs.gov.uk)