 **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 [ ]  |

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

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| **Reason for referral** |
| ( |

|  |
| --- |
| **Actions taken so far** |
|  |

**New referrals / all new enquiries to the LADO should be made through the Safeguarding Advice and Allegations Management (SAAM) duty system:**

**Tel: 0208 583 5730**

**Email:** **lado@hounslow.gov.uk**

**For all LADO referrals please complete this form and email to**

**lado@hounslow.gov.uk**

**Tel 0208 5835730**

**We will aim to respond within one working day on receipt of your referral.**

**The safeguarding adviser covering LADO duties is Sharon Richards** **Sharon.Richards@hounslow.gov.uk**

**Tel: 0208 583 2565**

 **For urgent referrals out of hours please contact :**

**The Emergency Duty Team 0208 853 2222**

**The Safeguarding and Quality Assurance Service Manager:**

 **Elizna Visser is the Line Manager for the Safeguarding Advisor**

**Tel: 0208 583 3685**

**Email:** **elizna.visser@hounslow.gov.uk**

**The Head of Safeguarding & Quality Assurance:**

**Jennifer Hopper**

**Tel: 0208 583 3644**

**Email: Jennifer.Hopper@hounslow.gov.uk**



 **LADO ONLY**

**LADO Decisions**

|  |  |  |
| --- | --- | --- |
|  |  **yes[ ]**  |  **[ ]**  |

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