 **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: |  |



|  |
| --- |
| **Any other relevant supporting information** |

|  |
| --- |
| **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: 020 8583 5730**

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

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

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

**Tel 020 8583 5730**

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

**The Local Authority Designated Officers (LADO’s) are:**

**Grace Murphy and Sarah Paltenghi**

[**Grace.Murphy@hounslow.gov.uk**](mailto:Grace.Murphy@hounslow.gov.uk)

**Tel: 020 8583 4933**

[**Sarah.Paltenghi@hounslow.gov.uk**](mailto:Sarah.Palentenghi@hounslow.gov.uk)

**Tel: 020 8583 3423**

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

**The Emergency Duty Team 020 8583 2222**

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

**Elizna Visser is the Line Manager for the LADO**

**Tel: 020 8583 3685**

**Email:** [**Elizna.Visser@hounslow.gov.uk**](mailto:Elizna.Visser@hounslow.gov.uk)



**LADO ONLY**

**LADO Decisions**

|  |  |  |
| --- | --- | --- |
|  | **yes** |  |

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