

SGSP LADO FORM 1

**Allegations Against Those Who Work With Children- Referral & Recording Form**

This form is to be returned to, Jon Goddard, Local Authority Designated Officer (LADO)

via e-mail LADO@southglos.gov.uk (if emailing from a South Glos email account or a

secure email address)

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| **Details regarding the Member of Staff / Volunteer involved in the Incident / Concern** |  |
| **Name of adult** |  |
| **Date of birth** |  |
| **Home address** |  |
| **Any children living with Adult?****Names****DoBs** |  |
| **Role** **Status**  | Permanent / Temporary / Agency / Volunteer |
| **Name & Address of “employing“ organisation** |  |
| **Any other roles with children?** |  |
| **Details regarding the Child involved in the Incident / Concern** |  |
| **Name of Child/Young Person****Address** |  |
| **Date of Birth** |  |
| **Date of Incident/ Allegation** |  |
| **Brief details of alleged incident (include location, precipitating factors, injuries sustained, potential witnesses action taken to date)** | • **Description of incident / concern (Date, time, location, and what happened):**• **Are there any injuries to the child?**  • **Are there any witnesses to the incident?** • **What is your view / assessment of this incident / concern?**• **What actions have you undertaken, including to safeguard the member of staff / child?** |
| **Background regarding the member of staff** | **• How long have they worked in this role?****• Have there been any previous concerns or allegations about them?** |
| **Additional Information about the child and their carers** | • **What has been the impact on / response of the child?** • **Have parents been informed? What do they want to happen?**• **Provide any other information about the child you feel may be relevant.** |
| **Referred by (Name & Agency)****Contact information Address & Phone****Email**  |  |
| **Date of notification to LADO** |  |