SGSCB LADO FORM 1

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

This form is to be returned to, Tina Wilson, 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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| --- | --- |
| **Date of notification to LADO**  |  |
| **Referred by (name & Agency)****Contact information**  |  |
| **Date of Incident/ Allegation** |  |
| **Name of Child/Young Person****Address** |  |
| **Date of Birth** |  |
| **Name of Adult/s** |  |
| **Date of birth** |  |
| **Home address** |  |
| **Role ( e.g. teacher, sports coach, volunteer)** |  |
| **Name & Address of “employing “ organization** |  |
| **Names of significant others** |  |
| **Nature of allegation:**1. **Physical abuse**
2. **Sexual Abuse**
3. **Neglect**
4. **Emotional abuse**
5. **On-line/internet abuse**
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| **Is this a Suitability Issue?**  |  |
| **Brief details of alleged incident (include location, precipitating factors, injuries sustained, potential witnesses action taken to date)** |  |
|  **FOR COMPLETION BY LADO** |  |
| **Synopsis of discussion/decision making (include dates and participants ) What does the child/young person say ? how has this incident impacted on them? What would they want to happen?** |  |
| **Decision re LADO threshold** |  |
| **Agreed Actions**  |

|  |  |  |
| --- | --- | --- |
| **ACTION** | **BY WHO** | **BY WHEN** |
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|  |  |  |
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|  **Signed LADO****Tina Wilson** |  |