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](mailto: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** |  |
| **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** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| **Signed LADO**  **Tina Wilson** |  |