Waltham Forest LADO Referral Form  
For the statutory reporting of Allegations against Staff & Volunteers (ASV)   
working with children & young people

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By law, organisations / sole traders must complete and email this referral within 24 hours of becoming aware that someone working with children has:

* Behaved in a way that has harmed, or may have harmed, a child/ren (under 18)
* Possibly committed a criminal offence against, or related to, a child/ren (under 18); or
* Behaved towards a child/ren in a way that indicates they are unsuitable to work with children

# Upon becoming alerted to an allegation against staff & volunteers (ASV), the senior officer must:

* Support the child(ren) & refer to MASH as required
* Remove the immediate risk
* Treat concerns seriously & follow procedures
* Do not investigate
* Keep an open mind
* Do not notify the member of staff/volunteer
* Make LADO referral

# LADO Referrals

The employing organisation’s senior officer should call the Duty LADO immediately (or within 24 hours) to discuss the next course of action on **0208 496 3646**, complete a LADO referral form, and send it securely to: [LADO@walthamforest.gov.uk](mailto:LADO@walthamforest.gov.uk)

* **Safeguarding in Education & LADO Manager** – Gill Nash on 07791 559 789
* LADO **(Disability Lead)** – Donna Parke on 07854 238 759
* LADO **Schools Lead** – Shauna McAllister on 07741 328 010
* LADO **Early Years Lead** – Jennifer Knight on 07866 314 144

Quality Assurance | Sycamore House | Waltham Forest Town Hall Complex | Forest Road | London E17 4JF

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| **Referrer Details** – person completing this form | | | |
| **Name** | Click here to enter text. | **Job Title** | Click here to enter text. |
| **Date** | Click here to enter text. | **Signature** |  |
| **Organisation** | Click here to enter text. | **Address** | Click here to enter text. |
| **Tel** | Click here to enter text. | **Email** | Click here to enter text. |

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| **Adult of Concern** – subject of allegation | | | |
| **Name** | Click here to enter text. | **Gender** | Click here to enter text. |
| **Date of Birth** | Click here to enter text. | **Ethnicity** | Click here to enter text. |
| **Telephone** | Click here to enter text. | **Email** | Click here to enter text. |
| **Job Title** | Click here to enter text. | | |
| **Employer** | Click here to enter text. | | |
| **Employment status** | Click here to enter text. | **Location** | Click here to enter text. |
| **Home Address** | Click here to enter text. | | |
| **HR history (previous concerns)** | Click here to enter text. | | |
| **Previous allegations** | Click here to enter text. | | |
| **Latest DBS / Blemished?  Safer Recruitment followed?** | Click here to enter text. | | |
| **Date of DBS** | Click here to enter text. | | |
| **Does the person have children of their own (under 18), or live with children?**  Click here to enter text. **If Yes please, give full details of names and DOBs:**  Click here to enter text. | | | |

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| **Child/ren Details** | | | | |
| **Name** | | Click here to enter text. | **Gender** | Click here to enter text. |
| **Date of Birth** | | Click here to enter text. | **Ethnicity** | Click here to enter text. |
| **Telephone** | | Click here to enter text. | **Email** | Click here to enter text. |
| **Home Address** | | Click here to enter text. | | |
| **School / College / Work** | | Click here to enter text. | | |
| **Additional information (e.g. disability, communication or other SEN / previous child protection concerns)**  Click here to enter text. | | | | |
| **Child’s Family Details** | | | | |
| **Parents / Carers** | Click here to enter text. | | | |
| **Relationship** | Click here to enter text. | | | |
| **Telephone contact** | Click here to enter text. | | | |
| **Email contact** | Click here to enter text. | | | |
| **Additional Information (e.g. disability, communication or other SEN / previous child protection concerns)**  Click here to enter text. | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Details Of Allegation / Concern** | | | | | |
| **Date of Allegation** | Click here to enter text. | **Time of Allegation** | Click here to enter text. | **Place of Allegation** | Click here to enter text. |
| **Allegation in Personal Life?** | | | Click here to enter text. | | |
| **Allegation in Professional Life?** | | | Click here to enter text. | | |
| **Record the details of the allegation (using the child/adult’s own words where possible)** | | | | | |
| Click here to enter text. | | | | | |
| **Record nature of allegation – physical abuse, sexual abuse, emotional abuse, neglect:** | | | Click here to enter text. | | |
| **Did the incident involve an authorised physical restraint?** | | | Click here to enter text. | | |
| **Has the child been spoken to about this incident or concern?** Please give details | | | Click here to enter text. | | |
| **Has a parent/carer been informed?** If yes, give reason and details | | | Click here to enter text. | | |
| **Has the member of staff / volunteer been informed?** If yes, please give reason and details | | | Click here to enter text. | | |
| **What other actions has your agency/organisation undertaken so far?** | | | Click here to enter text. | | |
| **Are any other agencies involved?** | | | Click here to enter text. | | |