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**KENT COUNTY COUNCIL SAFEGUARDING UNIT**

**CHILDREN’S LADO REFERRAL FORM** – for Parents/Carers

|  |  |
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| Date referred to LADO | Select Date |
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| **Section A** – only complete form if you can answer ‘**Yes**’ to Q1 and at least one of the other 3 questions |
| 1. Does this person **work** in the wider children’s workforce in **Kent** [not Bromley, Bexleyheath or Medway (Strood, Rochester, Chatham, Gillingham & Rainham)]
 | Select  |
| **Has this person:** |
| 1. Behaved in a way that has harmed your child or may have harmed your child?
 | Select  |
| 1. Possibly committed an offence against or related to your child
 | Select  |
| 1. Behaved towards your child or children in a way that indicates that he or she would pose a risk of harm to children if they work regularly or closely with them?
 | Select  |

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| **Section B – Information about you** |
| **Your name** |  |
| **Address** |  |
| **Telephone Number** |  | **Email address:** |  |
|  |
| **Section C – Information about your Child** |
| **Full name**  |  | **Date of Birth** |  |
| **Gender** | Select  | **Ethnicity** | **Select**  | **Disability (if applicable)** |  |
| **Home Address** |  |
| **Is your child known to Children Social Care? If yes, please provide details**  | **Select**  |
|  |
| **Section C – Information about the Person you are referring** *(if more than one person involved, please complete separate forms)* |
| **Full name**  |   | **Date of Birth (if known)** |   |
| **Gender** | Select  | **Ethnicity** | Select  | **Disability (if applicable)** |  |
| **Home Address (if known)** |   |
| **Where does he/she work? Employer’s name and address (including Agency & Voluntary organisations)** |   |
| **Job Title /Role** |   |
| **Does the person have any other contact (through work/volunteering with children. Please provide details if known)** |   |
|  |
| **Section D - DETAILS OF THE REFERRAL** |
| **What is the nature of the allegation, concern or harm caused or posed by this individual?**  | Select  | **Has your child been harmed or sustained an injury?** | Select | **Is this a historical allegation?** | Select  |
| **Please provide details of your concerns that has led to this referral** (please provide as much information as possible including details of any other children involved, injuries/harm suffered, dates and location, details of any witnesses and any actions/decision that have been taken)**Date, time and location of Incident:**  **What has happened?** **What actions have you taken so far?**  |

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| **Section F – For Office Use only** |
| **LADO Scoping and Overview****(To be completed by LADO)** |
| **Name of allocated LADO** |   |
| **Does this referral meet the threshold for LADO procedure?** |   |
| **Advice given with Rationale** **(using the Signs of Safety framework)*** **Harm Statement**
* **What we are worried about?**
* **What is going well?**
* **What needs to happen?**
* **Safety goal?**
 |   |
| **Final Outcome (Allegation or Consultation or For info only)** |   |
| **Search Results** | **MOS -****YP -****SETTING -** |
| **Liberi ID (MOS)** |   | **Liberi ID (Child)** |   |

***Note: To be completed electronically and emailed as a ‘word document only’ to*** ***kentchildrenslado@kent.gov.uk***