# **Southwark Council logoLADO Referral Form**

**See** [**Managing referrals under London Safeguarding Children Partnership Procedures**](https://www.londoncp.co.uk/alleg_staff.html) **for further information**

| Date of referral |  | |
| --- | --- | --- |
| **THE ADULT BEING REFERRED** |  | |
| **Has the person:** | |  |
| 1. behaved in a way that has harmed a child or may have harmed a child? | | Yes/ No |
| 2. possibly committed an offence against or related to a child? | | Yes/ No |
| 3. behaved towards a child or children in a way that indicates that he or she would pose a risk of harm to children if they worked regularly or closely with them? | | Yes/ No |
| 4. behaved or may have behaved in a way that indicates they may not be suitable to work with children. | | Yes/ No |
| 5. behaved in a way in their personal life that raises safeguarding concerns (these concerns do not have to directly relate to a child), as a parent or carer become subject to CP procedures or is closely associated with someone who may present a risk of harm to children? | | Yes/ No  [**See Definitions**](https://www.londoncp.co.uk/alleg_staff.html#definition) |

| **Name of Adult being referred** |  |
| --- | --- |
| DOB |  |
| Ethnicity |  |
| Home Address of Adult referred |  |
| Telephone Number |  |
| Employer’s Name and Address |  |
| Role |  |
| What contact does the person have with children in that role? |  |
| Is the person working or volunteering with children in any other capacity? |  |
| Is the person aware that a referral has been made to LADO? | [Please signpost to Southwark Council privacy notice](http://www.southwark.gov.uk/council-and-democracy/freedom-of-information-and-data-protection/corporate-data-privacy-notice) |
| Have there been previous concerns or allegations against the adult? |  |
| Is the adult living with children? |  |

|  | **REFERRER’S DETAILS** |
| --- | --- |
| Are you the person with lead responsibility for safeguarding in your organisation? | Yes/No  If no, what is the name of your safeguarding lead? |
| **Referrer Name and Role** |  |
| Organisation’s Name and Address |  |
| Telephone Number |  |
| Your Email Address |  |

|  | **CHILD’S DETAILS** |  |
| --- | --- | --- |
|  |  | **Does this child have SEN / Disability?** |
| **Name** |  |  |
| DOB |  |  |
| Ethnicity |  |  |
| Address |  |  |
| Parent’s contact details (phone/email) |  |  |
| Other children in household? |  |  |

| **DETAILS OF REFERRAL** |
| --- |
| What is the nature of the harm caused, or posed by, the individual? Delete as applicable  Physical / Emotional / Sexual / Neglect / Inappropriate behaviour in respect of a child |
| **Please provide details of the incident that has caused the concern**  Please include times, dates and location; the names of any potential witnesses; nature of any discussions that have taken place; and any decisions that have been made    Please return the completed form securely **(password-protected with password: Qau-lado)**  to [qau.safeguarding@southwark.gov.uk](mailto:qau.safeguarding@southwark.gov.uk) |