**NYC SAFEGUARDING UNIT**

**LADO NOTIFICATION FORM**

**Please complete in order to make a referral to LADO or request a consultation with LADO**

*Official (when completed)*

**Please complete this form when there is an allegation that a person who works with children has:**

**• Behaved in a way that has harmed, or may have harmed, a child; or**

**• Possibly committed a criminal offence against, or related to a child; or**

**• Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; or**

**• Behaved or may have behaved in a way that indicates they may not be suitable to work with children.**

If the allegation is against more than one person, then a separate form should be completed for each person.

**Any concern(s) about a professional should be referred to the LADO within 24 hours of the incident. (If there is an immediate risk of harm to a child please make a referral to Children & Families and / or Police)**

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| **Details of adult against whom the allegation has been made** |
| Name: |       |
| Date of Birth: |       |
| Ethnicity: |       |
| Sex (Male, Female, Indeterminate): |       |
| Home address: |       |
| Job title/role: |       |
| Organisation name and address: |       |
| Have any allegations or concerns been made against this person previously. If so, please provide details: |       |
| Does the person have any other contact (through other work and /or volunteering) with vulnerable individuals (children or adults), | Yes [ ]  No [ ]  Unknown [ ]  If yes, please complete information below:       |
| Name of organisation and address: |       |
| Does the person have children of their own and / or care for children in a personal capacity, either full time or occasionally at home or at another address?  | Yes [ ]  No [ ]  If yes, please complete information below.  |
| Name(s) and Dob/age: |       |
| Relationship(s): |       |

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| **Details of Person Making the Notification** |
| Name (Forename(s) and Surname): |       |
| Organisation name and address: |       |
| Position held/job title: |       |
| Contact number(s): |       |
| Email address: |       |

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| **Details of Person Managing the case** ***(if your organisation is managing the case and if different from person making the Notification)*** |
| Name: |       |
| Organisation name and address: |       |
| Position held/job title: |       |
| Contact number(s): |       |
| Email address: |       |

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| **Details of child(ren) involved in allegation.*****If the incident concerns more than one child, each child must be named on the same form.*** |
| Name(s): |       |
| Date(s) of Birth: |       |
| Ethnicity: |       |
| Sex (Male, Female, Indeterminate): |       |
| Home address(s): |       |
| Disability: | Yes [ ]  No [ ]  Unknown [ ]   |
| LAC : | Yes [ ]  No [ ]  Unknown [ ]   |
| Responsible authority: |       |
| CP Plan: | Yes [ ]  No [ ]  Unknown [ ]   |
| Name of parent/carer: |       |
| Has the parent / carer been informed? If yes, have they provided their view?  | Yes [ ]  No [ ]  Unknown [ ]        |
| Do they have a social worker? | Yes [ ]  No [ ]  Unknown [ ]  If yes, please complete information below.       |
| Contact details (name, number(s) and email address) of social worker:Have they been informed? | Yes [ ]  No [ ]  Unknown [ ]         |

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| **Details of the allegation or concern** |
| Date and time of incident: |       |
| Location of incident: |       |
| Have you discussed this allegation with a LADO or LADO support? If Yes – please state who you have spoken to and when: |       |
| Please indicate the category of abuse and threshold you think is met:(Tick all you believe apply) | Physical [ ]  Sexual [ ]  Emotional [ ]  Neglect [ ] [ ]  ***Harm Threshold:*** Behaved in a way that has harmed, or may have harmed, a child; and/or**[ ]  *Criminal Threshold:*** Possibly committed a criminal offence against, or related to a child; and/or **[ ]  *Risk Threshold:*** Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; and/or**[ ]  *Suitability Threshold:*** Behaved or may have behaved in a way that indicates they may not be suitable to work with children. |

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| **Description of allegation or concern:** Please provide as much information as possible including details of any injuries/harm and any witnesses to the incident and any action(s) taken. **Please submit any written incident reports / body maps, if available, with the Notification form.** |
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| **What action(s) has been taken regarding the allegation so far?**Has any immediate safeguarding action been taken?Have referrals to the Police and Children’s Social Care been made (if appropriate)? |       |
| **Do you believe the individual poses a risk of harm to children and young people in the organisation?**  | Please give details:      |

**Thank you for completing this form.**

**Please complete electronically and email to lado@northyorks.gov.uk**

**Should you have any queries please contact the Duty LADO on 01609 533080**