

**LADO Referral Form**

**Please complete ALL sections or the form will be returned to you**

|  |  |
| --- | --- |
| **Referrer Information** |  |
| Name of person completing the form |  |
|  |  |
| Role of person completing the form |  |
|  |  |
| Date when person completed the form |  |
|  |  |
| Where is person completing the form basedPlease give full address |  |
|  |  |
| Phone Number and Email of person completing the form |  |
|  |  |
| Agency of Referrer | Choose an item. |
|  |  |
| If Other, please give details |  |
|  |  |
| **Alleged incident/concern** |
| Date the incident took place |  |
|  |  |
| Where did the incident take place? |  |
|  |  |
| How did the concern first come to light, and to whom? |  |
|  |  |
| Is this an historical allegation? | Choose an item. |
|  |  |
| Brief description of incident/concern including any injuries |  |
|  |  |
| Primary abuse category of the allegation | Choose an item. |
|  |  |
| If you believe that secondary categories apply, please give details |  |
|  |  |
| Does this allegation involve a restraint? | Choose an item. |
|  |  |
| If yes, is than was this an authorised restraint? | Choose an item. |
| **Subject of the allegation** |  |
| Full name |  |
|  |  |
| If known by any other name(s), please give details here |  |
|  |  |
| Gender | Choose an item. |
|  |  |
| Ethnicity | Choose an item. |
|  |  |
| Date of Birth |  |
|  |  |
| Home Address |  |
|  |  |
| Job title/role |  |
|  |  |
| Does this person work in Bolton? | Choose an item. |
|  |  |
| Employment sector of the subject of the allegation | Choose an item. |
|  |  |
| If Other, please give details |  |
|  |  |
| Length of service in current post |  |
|  |  |
| Employer |  |
|  |  |
| Address of employment |  |
|  |  |
| Have there been other referrals regarding this setting? | Choose an item. |
|  |  |
| If Yes, please give details |  |
|  |  |
| Is this a school setting? | Choose an item. |
|  |  |
| If yes, please select the type of establishment | Choose an item. |
|  |  |
| In what basis is the person employed? | Choose an item. |
|  |  |
| If Other or Volunteer, please give details |  |
|  |  |
| Any previous allegations or concerns against this person? |  |
|  |  |
| If Yes, please give details |  |
|  |  |
| Does the concern involve additional subjects? | Choose an item. |
|  |  |
| If yes, please give their details on Page 5 |
|  |  |
| **Child/young person making the allegation / raising the concern** |
| Does this allegation concern a specific child? | Choose an item. |
|  |  |
| If Yes, please complete the details below |
|  |  |
| Name |  |
|  |  |
| Gender | Choose an item. |
|  |  |
| Ethnicity | Choose an item. |
|  |  |
| Date of Birth |  |
|  |  |
| Age Group of child/young person | Choose an item. |
|  |  |
| Address |  |
|  |  |
| School |  |
|  |  |
| Is the child/young person known to Social Care? | Choose an item. |
|  |  |
| If Yes, which Authority? | Choose an item. |
|  |  |
| Are they? | Choose an item. |
|  |  |
| Please give Details |  |
|  |  |
| Please give details of the Social Worker below |
| Social Worker's Name |  |
|  |  |
| Social Worker's Telephone |  |
|  |  |
| Social Worker's email |  |
|  |  |
| Does the child/young person have an EHCP?  | Choose an item. |
|  |  |
| Has the child/young person raised previous concerns? | Choose an item. |
|  |  |
| Has CCTV footage been used? | Choose an item. |
|  |  |
| Have parents been informed? | Choose an item. |
|  |  |
| Have the police been informed? | Choose an item. |
|  |  |
| Has a referral been made to social care? | Choose an item. |
|  |  |
| Does this allegation concern more than one child? | Choose an item. |
|  |  |
| Is this a sibling? | Choose an item. |
|  |  |
| If yes, please provide details including Name, Address, DoB, Age Group, and School |  |
|  |  |
| If No, please complete the details on Page 6 |
|  |  |

Once completed, please return the completed form to LADO at LADO@bolton.gov.uk

|  |
| --- |
| **Additional Subject of the allegation** |
| Full name |  |
|  |  |
| If known by any other name(s), please give details here |  |
|  |  |
| Gender | Choose an item. |
|  |  |
| Ethnicity | Choose an item. |
|  |  |
| Date of Birth |  |
|  |  |
| Home Address |  |
|  |  |
| Job title/role |  |
|  |  |
| Does this person work in Bolton? | Choose an item. |
|  |  |
| Employment sector of the subject of the allegation | Choose an item. |
|  |  |
| If Other, please give details |  |
|  |  |
| Length of service in current post |  |
|  |  |
| Employer |  |
|  |  |
| Address of employment |  |
|  |  |
| Have there been other referrals regarding this setting? | Choose an item. |
|  |  |
| If Yes, please give details |  |
|  |  |
| Is this a school setting? | Choose an item. |
|  |  |
| If yes, please select the type of establishment | Choose an item. |
|  |  |
| In what basis is the person employed? | Choose an item. |
|  |  |
| If Other or Volunteer, please give details |  |
|  |  |
| Any previous allegations or concerns against this person? |  |
|  |  |
| If Yes, please give details |  |
|  |  |
| Does the concern involve additional subjects? | Choose an item. |
|  |  |
| If yes, please give their details |  |
| **Additional Child/Young Person** |
|  |  |
| Name |  |
|  |  |
| Gender | Choose an item. |
|  |  |
| Ethnicity  | Choose an item. |
|  |  |
| Date of Birth |  |
|  |  |
| Age Group of child/young person | Choose an item. |
|  |  |
| Address |  |
|  |  |
| School |  |
|  |  |
| Is the child/young person known to Social Care? | Choose an item. |
|  |  |
| If Yes, which Authority? | Choose an item. |
|  |  |
| Are they? | Choose an item. |
|  |  |
|  |  |
|  |  |
| Please give Details |  |
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| Has the child/young person raised previous concerns? | Choose an item. |
|  |  |
| Has CCTV footage been used? | Choose an item. |
|  |  |
| Have parents been informed? | Choose an item. |
|  |  |
| Have the police been informed? | Choose an item. |
|  |  |
| Has a referral been made to social care? | Choose an item. |