

ALLEGATIONS AGAINST STAFF, VOLUNTEERS & CARERS REFERRAL TO LOCAL AUTHORITY DESIGNATED OFFICER (LADO) FORM

You should make a referral to the LADO if there is reasonable cause to believe that a person who works with or has responsibility for children, in connection with his/her employment or voluntary activity, has:

- Behaved in a way that has or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

See [Working Together to Safeguard Children](#) (2018) and DSCBs Safeguarding Children [Allegations against Staff, Carers and Volunteers procedure](#).

Once completed please return your form marked 'for the attention of the Duty LADO via secure email:

- For Derby email: cypsafeguarding@derby.gov.uk
- For Derbyshire email: professional.allegations@derbyshire.gov.uk

NAME OF PERSON COMPLETING REFERRAL:	
DATE OF REFERRAL:	
WORK ROLE:	
ORGANISATION:	
TELEPHONE NUMBER/S:	
EMAIL ADDRESS:	

DETAILS OF PERSON OF CONCERN /SUBJECT (if the allegation is about a Head Teacher, please refer immediately to the Chair of Governors)	
FULL NAME:	
DOB:	
HOME ADDRESS:	
WORK ROLE:	
EMPLOYER & WORK ADDRESS:	
TELEPHONE NUMBER:	
WHAT HAS BEEN ALLEGED? Include dates, times, witnesses (where known) etc.	

WHAT IN YOUR OPINION IS THE NATURE OF THE ALLEGED HARM? Please tick which one applies			
• Physical	<input type="checkbox"/>	• Inappropriate Behaviour (in Work)	<input type="checkbox"/>
• Sexual	<input type="checkbox"/>	• Grooming	<input type="checkbox"/>
• Neglect	<input type="checkbox"/>	• Sexual Images	<input type="checkbox"/>
• Conduct (outside work)	<input type="checkbox"/>		

DOES THE SUBJECT LIVE WITH OR HAVE OTHER CONTACT WITH CHILDREN?	
<p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p> <p>• Details:</p>	
DOES THE SUBJECT HAVE ANY OTHER OUT OF HOURS, PART TIME PLACE OF EMPLOYMENT/ VOLUNTEERING ROLE WITH RESPONSIBILITY FOR CHILDREN?	
<p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p> <p>• Details:</p>	
ANY PREVIOUS LADO OR CONCERN? Please put dates and outcome if known	
<p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p> <p>• Details:</p>	
ANY OTHER PROFESSIONALS/VOLUNTEERS INVOLVED IN THIS ALLEGATION?	
<p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p> <p>• IF YES, AND FOR DATA PROTECTION PURPOSES, PLEASE COMPLETE SEPARATE REFERRAL</p>	

IF APPLICABLE, FULL DETAILS OF CHILD VICTIM/COMPLAINANT	
NAME:	
DOB:	
ANY DISABILITY?	<p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what is the nature of the disability?</p>
HAS THE CHILD BEEN DISCUSSED BEFORE AS A VICTIM UNDER ALLEGATIONS AGAINST STAFF, CARERS AND VOLUNTEERS PROCEDURES? (Has the child made complaints about staff before?)	
<p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>• If yes, when and brief details:</p>	
HOME ADDRESS OF CHILD:	
IS THE CHILD/YOUNG PERSON LOOKED AFTER?	<p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes:</p> <ul style="list-style-type: none"> • Name of IRO and contact details: • Placing Authority: • Name of Social Worker and contact details: • Has the Social Worker/ IRO been informed? Yes <input type="checkbox"/> No <input type="checkbox"/> <p>If No:</p> <ul style="list-style-type: none"> • Who has Parental Responsibility? • Are the child's parents aware of the allegation? Yes <input type="checkbox"/> No <input type="checkbox"/> • What do they know?

CITY - WHICH CHILD PROTECTION MANAGER HAVE YOU SPOKEN TO ABOUT THIS MATTER AND ON WHAT DATE? DERBYSHIRE – INITIAL CONTACT TO BE MADE VIA THIS REFERRAL FORM IF YOU FEEL THE CRITERIA IS MET.	
WHAT ACTION HAVE YOU TAKEN SO FAR TO MANAGE THE IDENTIFIED RISK?	
1. HAVE YOU REFERRED TO CHILDREN'S SOCIAL CARE/CHILDREN'S SERVICES? (In Derby via First Contact Team via 01332 641172 or in Derbyshire via Starting Point 01629 533190)	
<div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div> <ul style="list-style-type: none"> If no, give reasons: If yes, referred to: Date: Agreed action: 	
2. HAVE YOU REFERRED TO POLICE? Urgent 999 or non-urgent 101	
<div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div> <ul style="list-style-type: none"> If no, give reasons: If yes, date you referred? Incident Number : Agreed Action: 	
3. HAVE YOU INFORMED YOUR HR/PERSONNEL DEPARTMENT?	
<div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div> <ul style="list-style-type: none"> If no, give reasons: If yes, name of your HR person: Date you referred: Agreed Action: 	
4. HAVE YOU INFORMED ANY REGULATORY BODY or OFSTED/CCG/CQC?	
<div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div> <ul style="list-style-type: none"> If no, give reasons: If yes, who informed and date you referred: Agreed actions: Case number, if referral appropriate: 	
IS THE SUBJECT AWARE OF THE REFERRAL?	
<div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>	
THANK YOU FOR COMPLETING THIS REFERRAL FORM. THE LADO WILL SEEK TO RESPOND WITHIN 24 HOURS OF RECEIPT OF YOUR REFERRAL.	

How is your information used?

Information contained within this form will be used by the LADO during the management and oversight of allegations against people who work with children. The legal basis for processing is compliance with a legal obligation to safeguard and promote the welfare of children (s. 11 Children Act 2004), and duties imposed by the Working Together to Safeguard Children statutory guidance 2018.

Who will your information be shared with?

The information provided may be shared with other departments within the Council as appropriate, for example HR. It may also be shared with relevant third party organisations including Health, Police, Schools, educational settings or voluntary groups. Sharing will only be carried out where necessary and proportionate, and where there is an identifiable legal basis for doing so.

Information may also be shared with the Department for Education, Ofsted, DBS and HCPC as required by law and in certain circumstances the information will be shared with the subject in line with Subject Access Request.

Further information about how your personal information will be used please visit for Derby cases [Derby City Council](#) or for Derbyshire cases [Derbyshire County Council](#), where you can see a full copy of our privacy notices. Alternatively you can request a hard copy from Derby Child Protection Admin Team by phoning 01332 642376 or emailing cypsafeguarding@derby.gov.uk or from Derbyshire Professional Allegations Team by phoning 01629 531299 or emailing Professional.Allegations@Derbyshire.gov.uk.