

Designated Officer Referral Form

Information about the person referring:	
Name	
Role / Designation	
Agency	
Address	
Contact Number	
Email Address / Secure	
Date referral made	
Information about the adult against whom the allegation is made:	
Name	
DOB	
Gender	
Ethnicity	
Home address	
Are there any children resident at the home address?	
Employer/organisation using the adults services (If different than referrer)	
Role/ Job title of adult	
Date of last DBS check?	
Description of allegation and source of information	
Context	
Names of any known Witnesses	
Date of alleged incident	
Date concern raised	
Any action undertaken prior to notification?	
Under which criteria are you making this referral?	<ul style="list-style-type: none"> behaved in a way that has harmed a child, or may have harmed a child possibly committed a criminal offence against or related to a child behaved towards a child or children in a way that indicates they may pose a risk of harm to children
Information about any child identified:	
Name	
DOB	
Gender	
Ethnicity	
Address	
Does the child have a social worker? If so provide their name and contact details and the reason for involvement (e.g cp plan, cin,	

Designated Officer Referral Form

child in care)	
Parents/carers details	
Are they aware of the allegation and the referral being made?	
Is more than one child/YP involved?	
How many?	
List names and DOBs	
Human Resources:	
Does the service have an internal HR department or EPM*?	
Name of the Human Resources Manager <i>(Please note, invitations must be sent to HR Managers, although the HR Manager can delegate this if they wish.)</i>	
Email address of the HR Manager	
Phone number of the HR Manager	
*If you are not aware of who the HR Manager is, you can find this by logging onto the EPM Portal. If for any reason EPM are unable to attend the AMM, then LADO will invite a representative from the Local Authority Education Directorate HR Department.	

Ofsted information (if applicable):	
Does the adult against whom the allegation is being made work for an Ofsted regulated service? (Y/N) <i>(If yes, please complete the information below.)</i>	
Name of the Ofsted Inspector for the place of work	
Email address of the Ofsted Inspector	
Phone number of the Ofsted Inspector	
Referral number <i>(If this matter has not yet been referred to Ofsted please provide this information)</i>	

Designated Officer Referral Form

once the referral is made.)	
-----------------------------	--

XX

FOR INTERNAL USE ONLY

Outcome of contact - LADO:	
Does the allegation meet the threshold for LADO procedure?	Yes / No
Reason for decision:	
Recommended advice and actions to manager	
Name of decision maker (LADO / Manager):	
Date of decision:	

Outcome of initial contact – Police:	
Does the information indicate a criminal offence may have been committed? Will Police undertake an investigation? Single / joint agency?	
Details of Police information held / advice given:	
Name of Officer responding:	
Date of decision:	