**LADO (Local Authority Designated Officer) Allegations Notification Form**

**Please Note: a separate form must be completed for each incident.**

**If an incident concerns more than one young person each young person must be named on the form.**

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**A Information about the person against whom the allegation has been made**

Select

**Na**m**e: Adult / Child:**

Select

**Date of Birth: Sex M/F: Job Title:**

Select

**Ethnicity:**

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**Last Date of Criminal Records Bureau (DBS):**  **Disclosure No:**

**Home address of person:**

Select

**Are there any children resident at the person’s home address?**

**If yes, please give name(s) and date(s) of birth:**

**Does the person have any other contact with vulnerable individuals (child / adult), please name:**

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**Name of person’s employer / Business Name (include school name if applicable):**

**Name of Senior Manager / Person dealing with the allegation:**

**Email Address:**

**Telephone No:**

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Select

**Have any allegations or concerns been made against this person previously:**

**Details of previous concerns:**

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**B Information about any child identified**

**Name:**  **Date of Birth:**

Select

**Sex M/F: Address where the child is residing:**

Select

**Ethnicity:**

Select

Select

**Is the child looked after:** **Is the child subject to a Child Protection Plan:**

**Category of Child Protection Plan:**

**Child’s Social Worker:**  **Contact number:**

**Child’s Current Carer:** **Contact number:**

Relationship to Child:

**Other relevant information about the child:**

**Is more than one young person involved, or is a child at risk now:** **How many:**

**List Name(s) and Date of Birth(s):**

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**C Information about the allegation or concern**

Select

**Primary Category o**f **Abuse:**

Select

**Nature of Allegation** Occurred during or following authorised intervention or physical restraint

 **or Concern:**

Select

 Involves use of mobile phone / internet / email / social networking site

**Brief description of allegation or concern:**

**Date of alleged incident:**

**Where did the alleged incident take place:**

**Were there any witnesses? If so, please give details:**

**Who made the allegation:**

**Actions taken (refer to LSCB Chapter 7 Guidance):**

**Reason for Action:**

**Date concern raised with agency making referral:**

**Name and job title of person who raised allegation or concern with agency:**

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**D Details of person completing this form**

**Name:**  **Email:**

**Address:**

**Job Title:** **Telephone No:**

**Date:**