**To be completed electronically and emailed to** **lado@gateshead.gov.uk**

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

If the incident concerns more than one child each child must be named on the same form.

If the allegation is made against more than one person then each person should be named.

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

|  |  |
| --- | --- |
| **Date of Referral/enquiry** |  |
| **Detail of Person Completing the form**  |
| **Name** |  |
| **Job Title/Tel No** |  |
| **Detail of Referrer** |
| **Name** |  |
| **Role** |  |
| **Organisation**  |  |
| **Contact details** |  |
| **Information about the person against whom the allegation has been made.** |
| **Name:** |  | **DOB:**  |  |
| **Address** |  |
| **Professional/volunteer role:** |  |
| **Have any allegations or concerns been made previously against this person. If so please give detail** |
|  |
| **Does the person have any contact (through work/volunteering with vulnerable individuals (child/adult).** |
|  |

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| **Employer:**  |
| **Name of person’s employer** |  |
| **Business name and address (include school name if applicable)** |  |
| **Name of senior manager/****person dealing with the allegation** |  |
| **Email address** |  | **Tel No** |  |
| **Information about child(ren) identified** |
| **Name:** |  | **DOB:**  |  |
| **Address** |  |
| **Name of Parent/Carer** |  | **Tel No** |  |
| **Any special circumstances (CP, LAC, disability)** |
|  |
| **Description of enquiry/concern or allegation (please provide as much detail as possible including date time and location of incident. Details of any injury/harm, any witnesses to the incident and any action taken).**  |
|  |
| **Record of action taken (for LADO use ONLY)****Guidance/advice provided no further LADO involvement required:** **Sign post referrer to adult safeguarding team or other agency:****LADO strategy discussion/meeting required - Request LD number to continue with process:** |
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