



North Tyneside Council

NORTH TYNESIDE COUNCIL

CHILDREN'S SERVICES

LADO REFERRAL FORM

To be completed electronically and emailed to
LADO@northtyneside.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:

Surname:		Forename:	
Job Title / Role:		Ethnicity:	
Date of Birth:		Gender:	Male / Female
Home address of person:			
Do any children live at the person's home address (<i>If yes, give name(s) and date(s) of birth</i>)?			
Does the person have any other contact (through work / volunteering) with vulnerable individuals (child / adult), please name and give location:			
Name of persons employer / business name and address (<i>include school name is applicable</i>):			
Name of Designated Safeguarding Lead / person dealing with allegation:			
E-mail address:			
Telephone number:			
Have any allegations or concerns been made against this person previously (<i>If so, please give details</i>):			

Information about any child(ren) identified:

Surname:		Forename:	
Date of Birth:		Gender:	Male / Female
Name of Parent / Carer:		Telephone Number:	
Any special circumstances, i.e. CP, LAC, Disability?			

Information about what/when something has happened and one of the reasons that we are worried. Please tick one of the following categories;

- Behaved in a way that has harmed a child, or may have harmed a child.
- Possible committed a criminal offence against or related to a child, or
- Behaved towards a child or children in a way that indicates he/she may pose a risk of harm to children.
- Where concerns arise about the person's behaviour towards his/her own children or any other child,

Date, time and location of incident:			
Have you discussed this allegation with a LADO?	Yes / No	If Yes, which LADO?	

What are we worried about? (please provide as much information as possible, including details of any injuries / harm and any witnesses to the incident and any action taken)

Details of person completing this form:

Name:		Job Title:	
Date:		Direct Telephone Number:	