**Designated Officer Consultation Form**

**All new contacts into the service must be requested via this form.   
Once received the DO service will contact the referrer for a scheduled consultation discussion, the outcome of which will be recorded below and shared with the referring agency for their records.**

**Referrer Details:**

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| --- | --- | --- | --- |
| **Date of Referral:** |  | **Tel No:** |  |
| **Name:** |  | **Job Title and Organisation** |  |
| **E-mail address:** |  | | |

**Person of Concern Details: Consultations submitted by employers in respect of staff MUST complete all fields.**

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| --- | --- | --- | --- |
| **Name:** |  | **DOB:** |  |
| **Organisation and Job Role** |  | **Home Address** |  |
| **Does the person of concern currently care for any children? If yes, please provide details** |  | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Does this concern relate to a specific named child or young person?  If yes, please provide details below. All named children and young people need to be referred to ICRT or the appropriate children’s services department.** | | | Yes |  | No |  |
| **Full name of child/young person:** | **DOB:** | **Gender:** | **Address:** | | | |
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| **Please provide an outline of the allegation and description of any harm caused to the victim or the reason for requiring DO advice. This section MUST include details on the impact on the child, or the identified risk if there is no identified child or young person.** |
| **[Guidance notes – please delete prior to form submission.**  **This section should be used to describe the nature of the allegation or concern, what initial steps or actions have been taken by the organisation and a clear statement of what you are worried about. Consultations submitted without this information may be returned as incomplete]**  **This box will expand over the next page to include all relevant information.** |

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| **Date of Consultation Discussion** | |  | | **Time of Consultation discussion** | | |  | |
| **Outcome of Consultation** | Referral Required (please complete sections below) | |  | | Advice and Guidance |  | Further Information Required |  |
| **Record of Consultation Discussion and advice provided** | | | | | | | | |
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**For DO Use Only.**

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| **Additional Information for Consultations meeting threshold** | |
| **Social Worker details** |  |
| **Police Officer in Charge details** |  |
| **HR Contact details** |  |
| **Internal Investigation Lead details** |  |

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| **DO Criteria**  If a full referral is required please indicate below which of the DO criteria the adult has met. | |
| 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 he or she would pose a risk of harm to children. |  |
| Behaved or may have behaved in a way that indicates they may not be suitable to work with children. |  |