

**Allegations against a person who works or volunteers with children**

**Referral / Request for Consultation**

This form is to be completed on every occasion when an allegation is made against a member of staff, volunteer, or foster carer.

**Form to be sent to the Local Authority Designated Officer within one working day**

 **of the allegation being reported**

**Please email the completed form to** LADO@bristol.gov.uk

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| **Details of the person completing this form**  |
| **Name** |  |
| **Job Title** |  |
| **Organisation** |  |
| **Email address** |  |
| **Telephone No.** |  | **Date** |  |

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| **Details of the professional or volunteer against whom the allegation or concern has been raised** |
| **Full Name** |  | **Date of Birth** |  |
| **Home Address** |  |
| **Role** |  | **Length of employment** |  |
| **Employer or Organisation** |  |
| **Place/base of work** |  |
| **Does the person work or volunteer with children in another setting? [provide details]** |  |

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| **For agency staff – please provide the name of the agency, a contact name, and a telephone number or email address** | **Has the agency been notified?** | **Y / N** |
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| **Details of the child** **[if the complainant is an adult raising historic concerns, please enter their details here]** |
| **Full Name** |  | **Date of Birth** |  |
| **Home Address** |  |
| **Name of Parent and contact details** |  |
| **Lead professional contact details i.e. social worker** |  |

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| **Details of any children with whom the adult has contact outside of their employment****[e.g. their own children, partner’s children, family members etc.]** |
| **Names:** |  |  |  |  |
| **DOBs:** |  |  |  |  |
| **Address****(if different to above)** |  |  |  |  |
| **Relationship to the professional / volunteer** |  |  |  |  |

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| **Which of the following criteria do you consider the allegation meets? tick all that apply** |
| Has harmed or may have harmed a child? |  |
| Is possibly a criminal offence against or related to a child? |  |
| Indicates the individual poses a risk of harm to children? |  |
| Behaved in a way that indicates they may not be suitable to work with children? |  |
| **OR:** |
|  I am unsure and I am seeking advice and guidance |  |

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| **Incident or concern** |
| **Date and time of incident:** |  |
| **Location of incident:** |  |
| **Summary of the incident** **[please provide as much information as possible including what led up to the incident, any witnesses, evidence of harm, any actions taken?]** |
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| **Previous concerns or allegations regarding the professional or volunteer** |
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| **Information about the child or young person****[How was the child behaving, have they made previous allegations, do they have a disability, SEN etc]** |
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| **Any other relevant information you wish to provide** |
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