

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

**Referral or 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.**

**Email the completed form to** [LADO@bristol.gov.uk](mailto:LADO@bristol.gov.uk)

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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** |  | | | |
| **Does the person work or volunteer with children in another setting?**  **[provide details]** | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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** | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Any children with whom the adult has contact outside of their employment[e.g. their own children, partner’s children, family members etc.] | | | |
| **Name(s)** | **DOB** | **Address(es)** | **Relationship to the professional or volunteer** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Which of the following criteria do you consider the allegation meets? [tick all that apply]** |
|  |
|  |
|  |
|  |
| **OR:** |
|  |

|  |  |
| --- | --- |
| Details of alleged 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?]** | |
|  | |
| **Previous concerns or allegations regarding the professional or volunteer** | |
|  | |
| **Information about the child or young person**  **(How was the child behaving, have they made previous allegations, do they have a disability or SEN)?** | |
|  | |
| **Any other relevant information you wish to provide** | |
|  | |