

WARRINGTON SAFEGUARDING CHILDREN BOARD

AGENCY REFERRAL TO LADO

PART A

(To be completed by referrer and faxed to children's safeguarding unit 01925 457017 or e-mail to safeguardingunit@warrington.gov.uk)

AGENCY REFERRAL TO LADO – SAFEGUARDING UNIT FOR ALLEGATIONS AGAINST STAFF, CARERS AND VOLUNTEERS. (to be completed and sent to the safeguarding unit within 1 day of the allegation)				
Date of referral: _____ Received by _____ (CSU)				
Referred by: Name: _____ Position: _____				
Agency (Name and Address)				
Agency Type (Please underline, as appropriate) Social Care / Health / Education / Connexions / Police / YOT / Probation / CAF/CASS / Secure Estate / NSPCC / Vol. Youth Org. / Faith Group / Armed Forces / Immigration / Asylum Support Services / Foster Care Agency / Residential Care Agency / OFSTED / LSCB / Nursery/Other. If other, please specify: <input type="text"/> 4				
Person Being Referred: Name: _____ DOB: _____				
Ethnic Origin:				
Home Address:				
Workplace (Name and Address)				
Position:				
Relevant Children (Must include alleged victim and own children, etc)				
<u>Name</u>	<u>DOB</u>	<u>Address</u>	<u>Relationship</u>	<u>E/O</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NB: Boxes are for Safeguarding Unit use only.

Name and Contact Numbers of:

Named Senior Officer (Strategic) _____

Have they been informed? Y / N

Named Senior Manager (Operational) _____

Have they been informed? Y / N

DETAILS OF REFERRAL NOTE: Allegations must be reported to the LADO within one day.

Date incident occurred: _____ Date LADO informed: _____

Category: Physical / Physical – Authorised Restraint / Emotional / Sexual / Neglect
(Please underline one of the above)

Details of any previous incident and outcome, if known:

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Have Access to Social Care Team (01925 444239) been informed? Y / N

DETAILS OF INCIDENT:

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Has child's parents/carers been informed? (Give details)

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**FAX TO SAFEGUARDING UNIT ON 01925 457017
 OR E-MAIL TO safeguardingunit@warrington.gov.uk**

PART B (To be completed by the Children's Safeguarding Unit)

ACTION TAKEN BY ASC:
Team _____

ARRANGEMENTS FOR NOTIFICATION TO OTHER AGENCIES:
(ie Police, Children's Social Care, Named Senior Officer, Named Senior Manager, Other Agencies.)

(State who involved)
ARRANGEMENTS FOR RISK ASSESSMENT:

(State who Involved)
ARRANGEMENTS TO INFORM PERSON SUBJECT TO ALLEGATION:

SUPPORT ARRANGEMENTS:

Child: _____ 5

Parent / Carer: _____ 5

PART C: (To be completed by Safeguarding Unit upon notification of outcomes)

MONITORING ARRANGEMENTS:
The following date is to be recorded and provided to the Safeguarding Unit: (Underline Number)

OUTCOMES		DATE STARTED	DATE ENDED
1	NFA Professional Advice		
2	Investigated and Unfounded		
3	Investigated and Unsubstantiated		
4	Investigated and Found Malicious		
5	Suspended (state _____) <input type="text"/>		
6	Dismissal		
7	Cessation of Use		
8	Section 47 Investigation		
9	Criminal Investigation		
10	Disciplinary Procedures		
11	Criminal Prosecution		
12	Caution		
13	Conviction		
14	Acquittal		
15	Referral to Barring Board (State Barring Board)		
16	Inclusion on Barring List (State Barring List)		
17	Referral to Regulatory Body (State Regulatory Body)		

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TO BE COMPLETED BY CHILDREN'S SAFEGUARDING UNIT:

Date Received _____ 3

Date of Strategy Meetings (initial within 5 days) _____ 3

Dates Minutes Circulated: _____ 3

Date Concluded: _____ 3

Final Outcome: _____

Tick box if over 12 months: 3

Signed off By: _____

Date:: _____

Comments: _____

Data Loaded By: _____

Date Loaded: _____