**LADO (Local Authority Designated Officer) Notification Form**

**This form is designed to notify the LADO of any allegations against people who work with children.**

*We collect and use information about you so that we can provide you with services under the Children Act 2004 and associated legislation. Full details about how we use this data and the rights you have around this can be found at* [*www.milton-keynes.gov.uk/privacy*](http://www.milton-keynes.gov.uk/privacy)*. If you have any data protection queries, please contact the Data Protection Officer at* [*data.protection@milton-keynes.gov.uk*](mailto:data.protection@milton-keynes.gov.uk)

**What to do**

**Complete Stage 1 – Referral *(Sections 1–4)*** of the form as fully as possible and Email: [LADO@milton-keynes.gov.uk](mailto:LADO@milton-keynes.gov.uk)

**If concerns are more urgent**

Where there are urgent child protection concerns the MKSB policy and procedures should be followed. These can be viewed at **www.mkscb.org**. Situations where there is immediate possible or actual significant harm to a child or young person should be referred immediately to the police (where necessary) and Children’s Social Care: 01908 253169/70 or out of hours: 01908 265545 and a MARF <https://www.milton-keynes.gov.uk/children-young-people-families/milton-keynes-multi-agency-safeguarding-hub-mash> should be completed.

**Help us to help you**

Provide as much detail as possible; the information provided will be used to determine the response needed.

**STRICTLY CONFIDENTIAL**

THE CONTENTS OF THIS REPORT ARE NOT TO BE REPRODUCED, COPIED OR DIVULGED IN ANY WAY. INFORMATION IS NOT TO BE DISCUSSED WITH, OR REVEALED TO, PERSONS WHO ARE NOT REQUIRED IN THE INTERESTS OF BOTH THE ADULT AND CHILD TO HAVE SUCH INFORMATION. ALL REQUESTS FOR THE USE OF ANY SUCH INFORMATION SHOULD BE MADE TO THE LADO.

**STAGE 1 – Referral**

|  |  |
| --- | --- |
| **Today’s Date** |  |

**Section 1: Details of the individual whom the allegation has been made against**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Adult’s details *(duplicate this section if more than one adult involved)*** | | | | | |
| First Name | Surname | DOB | Gender | Home Address | Contact Tel No |
|  |  |  |  |  |  |
| **Any children resident at the home address or the adult is known to have contact with, for example through other work:** | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Relationship to Adult |  | Name |  | DOB |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Religion & Ethnicity** | | | | | | | | | |
| Religion |  | | | | Ethnicity | *Pick Drop Down Option* Choose an item. | | | |
| **Employment Information** | | | | | | | | | |
| Agency Type | | Agency Name | | Job Title | | | | Employment Start date | Employed on what basis? perm/hours/paid/voluntary |
| *Pick Drop Down Option* Choose an item. | |  | |  | | | |  |  |
| Date of last DBS held by employer | | |  | | | | | | |
| **Known History** | | | | | | | | | |
| Have any practice or safeguarding concerns been raised against this individual previously? | | | | | | | Yes / No *If Yes – please provide full details (date, incident, actions, outcome) below* | | |
|  | | | | | | | | | |

**Section 2: Details of the CHILD/Young Person concerned**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child/Young Person’s details *(duplicate this section if more than one child involved)*** | | | | | | | | | | |
| First Name | Surname | | | | DOB | | Gender | Home Address | | |
|  |  | | | |  | |  |  | | |
| Name of Parent/Carer | |  | | | | | | Contact Tel No | |  |
| Disability? If Yes please provide details | | | |  | | | | | | |
| Ethnicity? *Pick from code table above* | | | | *Pick Drop Down Option* Choose an item. | | | | | | |
| **Child/Young Person’s Status** *Mark below with an X if applicable* | | | | | | | | | | |
| Looked After | Child In Need | | No Status | | | Child Protection | | | Other Assessment | |
|  |  | |  | | |  | | |  | |

**Section 3: Allegation details**

|  |  |  |
| --- | --- | --- |
| **What are you worried about?** | | |
| Select Category of Concern | Conduct/Suitability / Emotional / Neglect / Physical / Sexual *(Delete as applicable)* | |
| Date of alleged incident |  | |
| Location of alleged incident |  | |
| Does the child have an injury and/or show distress? *Please describe fully* | | |
|  | | |
| Description of allegation and concerns raised | | |
|  | | |
| Current employment status and description of any action taken and who is aware of the allegation | | |
|  | | |
| Any other relevant documents to be attached? | | Statements / Body map / Photographs / Incident report / other |

**Section 4: Referrer details**

|  |  |
| --- | --- |
| **Name** |  |
| **Job title** |  |
| **Organisation** |  |
| **Telephone** |  |
| **Email** |  |

**End of STAGE 1: Please E-mail to:** [LADO@milton-keynes.gov.uk](mailto:LADO@milton-keynes.gov.uk)

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**STAGE 2 - Completed by the LADO & to be returned to the Employer**

|  |
| --- |
| **LADO Advice *first response*** |
| ***It is the responsibility of the Employer to report allegations to relevant professional bodies where appropriate.*** |

|  |  |  |  |
| --- | --- | --- | --- |
| Police Consulted? | Yes / No | | |
| Met Threshold? | Yes / No | | |
| Signed by |  | Date |  |

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***It is the responsibility of the Employer to provide the LADO with the outcome to their internal investigation within 5 working days of the outcome.***

**STAGE 3 - Completed by the Employer and returned to the LADO**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer Outcome** | | | | |
| Allegation outcome and actions undertaken: | |  | | |
| Disciplinary outcome | |  | | |
| Has referral/s been made to relevant professional body and on what date?  *(where appropriate)* | |  | | |
| Any further information | | | | |
|  | | | | |
| Signed by *(name and job title)* |  | | Date |  | |

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**STAGE 4 - OUTCOME**

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| --- |
| **LADO Outcome** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category Confirmation** | Conduct/Suitability / Emotional / Neglect / Physical / Sexual | | |
| **Consultation Outcome** | False / Malicious / Substantiated / Unfounded / Unsubstantiated | | |
| **Signed by** |  | **Date** |  |