



Local Safeguarding
Children Partnership

Kensington and Chelsea

Westminster

LADO Referral Form

Please complete this form and return it to the relevant LADO inbox:
LADO@westminster.gov.uk or **KCLADO.Enquiries@rbkc.gov.uk**

This form is the initial method of contact with the Local Authority Designated Officer (LADO) if there is an allegation about a member of staff/volunteer.

Please complete this form with the current information you have at this time, prior to requesting a telephone consultation with the LADO. The Duty LADO will call you back on receiving the referral or at least within 24 working hours.

After a discussion with the referrer, a decision will be made as to whether LADO threshold is met, and guidance will be given about next steps.

All information will be kept confidential and secure by the LADO team.
The information may be shared with senior managers on a need to know basis.

Please complete as much of the form as you can and not delay the referral process due to missing information, any missing information can be collected later.

We would advise that you do not start an internal investigation until you have discussed the possible concerns/allegation with the LADO.

Whilst it will not be necessary to convene an Allegations against Staff and Volunteers (ASV) Meeting (LADO Allegations) on every case, every incident/concern of alleged harm or risk of harm to a child should be recorded on this form and reported to the Local Authority Designated Officer.

If a child/children are at risk of harm, please contact the relevant Children's Services Front Door (where the child lives). If a child is at risk of immediate harm, please contact the Police.



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Details of the allegation or concern (What is alleged to have happened?)

Date of referral:

Category of abuse:

- ☐ Physical ☐ Emotional ☐ Neglect ☐ Home life concerns
☐ Sexual ☐ Concerning behaviour (eg domestic abuse, own child on CP plan)

Please give specific details of the allegation (What is alleged to have happened?). Include when and where the incident took place.

Were there any witnesses?

- ☐ No ☐ Yes*

*If **YES**, what is their full name:

Witness 1

The witness was: ☐ Child ☐ Adult

Witness email:

Witness tel:

Witness 2

The witness was: ☐ Child ☐ Adult

Witness email:

Witness tel:

Is there or was there any injury?
If **YES**, specify what kind.

Has the child been seen
by a medical professional?

- ☐ No ☐ Yes

Did an allegation of physical abuse
follow an authorised restraint?

- ☐ No ☐ Yes

What safeguards have been put in place so far?

For the child/children?

For the adult/subject?

For the children of the
adult/subject or other children
they may have contact with?



Please complete this form and return it to the LADO inbox:
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Referral of concerns about an adult who works/volunteers with children.

LADO referral

Referrer details

Name of referrer:

Role of referrer:

Organisation's name
and address:

Referrer contact details

Referrer email

Referrer tel

HR Contact for the Organisation:

The subject of the allegations personal details

First Name:

Surname:

Gender:

Ethnicity:

Date of Birth:

Home address:

Telephone number:

Borough of residence:

Details of any children
at home address:

Other known contact/settings
with children:

Employment details

Job title/role:

Position type:

☐ Staff ☐ Agency ☐ Volunteer

Name and address of
employing organisation:

Type of setting:

- ☐ Private
- ☐ Local authority
- ☐ Health
- ☐ Police/law enforcement
- ☐ Faith group
- ☐ Voluntary/community group

- ☐ Sports & leisure
- ☐ Residential
- ☐ Foster carer
- ☐ Childminder
- ☐ Other*

Education:

- ☐ Early Years
- ☐ Primary
- ☐ Secondary
- ☐ FE College

*If **OTHER**, please specify below:

If agency worker please provide:

Name of the agency:

Full name of the worker:

Agency phone number:

Agency email address:

Have there been any
previous allegations or
concerns about this person?

Dates and details
of previous allegations:

Details of the child/children who have made the disclosure/who are the victims of the concern:

If there is more than one child please share details of all relevant children.

Full name(s):

Address:

Gender:

Ethnicity:

Special educational needs and/or disability:

Names of parents/carers:

Address of parents/carers:

Is the child aware of this referral?
If **NOT**, specify why.

Are the parents aware of the referral?
If **NOT**, specify why.

Other relevant information regarding the child/family:

Known to children's services?
If **YES**, please provide a brief outline and state which borough.

Mosaic (WCC)/KCSIS (RBKC) reference number

Mosaic

KCSIS

Has the child/family made any previous allegations?

For the official LADO use only

Action to be completed by LADO	Comments
Consultation only LADO threshold not met. <i>Date and enter on contacts spreadsheet.</i>	
LADO Threshold NOT MET NFA for LADO team but actions may be required by employers' HR and manager. <i>Date and entered on contacts spreadsheet and folder setup.</i>	
Low Level Concern (LADO Threshold NOT MET) Suitable to be addressed by setting with guidance from LADO and feedback on outcome to LADO team for records. <i>NFA from LADO team.</i>	
Meets LADO threshold Next steps given to referrer <i>Entered on contacts spreadsheet and folder setup.</i>	
Meets LADO Threshold and is of a criminal nature Referral completed to the CAIT police. <i>Entered on contacts spreadsheet and folder setup.</i>	