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| High_Res_CCC_Logo_v7_col01\\CCCAUSER07\userslocal\yd598\Desktop\To Sort\Comms\Joint (Hi-res).pngDesignated Officer Referral Form | **Buttsgrove Centre****Buttsgrove Way****Huntingdon****PE29 1LY****Tel: 01223 727967****Email:** **lado@cambridgeshire.gov.uk**  |

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| Information about the person referring: |
| Name |  |
| Role / Designation |  |
| Agency  |  |
| Address |  |
| Contact Number |  |
| Email Address / Secure  |  |
| Date referral made |  |

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| Information about the adult against whom the allegation is made: |
| Name |  |
| DOB |  |
| Gender  |  |
| Ethnicity  |  |
| Home address |  |
| Are there any children resident at the home address? |  |
| Employer (name of the organisation that the person works for) |  |
| Role/ Job title of adult |  |
| Date of last DBS check? |  |
| Description of allegation and source of informationContextNames of any known Witnesses |  |
| Date of alleged incident |  |
| Date concern raised |  |
| Any action undertaken prior to notification? |  |
| Under which criteria are you making this referral?* Behaved in a way that has harmed a child, or may have harmed a child.
* Possibly committed a criminal offence against or related to a child.
* Behaved towards a child or children in a way that indicates they may post a risk of harm to children.
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| Is the person aware of the concerns?If so, what do they know |  |

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| Information about any child identified:  |
| Name |  |
| DOB |  |
| Gender  |  |
| Ethnicity  |  |
| Address |  |
| Is the child looked after or subject of a CP plan? (Please supply name and contact details of social worker) |  |
| Parents/carers details |  |
| Are they aware of the allegation and the referral being made? |  |
| If more than one child/YP involved, please list names, dobs and addresses |  |

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**FOR INTERNAL USE ONLY**

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| **Outcome of contact - LADO:** |
| Does the allegation meet the threshold for LADO procedure? | Yes / No  |
| Reason for decision: |  |
| Recommended advice and actions to referrer |  |
| Name of decision maker (LADO / Manager): |  |
| Date of decision: |  |

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| **Outcome of initial contact – Police:** |
| Does the information indicate a criminal offence may have been committed?  |  |
| Details of Police information held / advice given: |  |
| Will Police attend AMM and who will attend? |  |
| Name of Officer responding: |  |
| Date of decision: |  |