**Cumberland LADO – Position of Trust Referral**

This form should only be completed when making a referral or seeking advice from the LADO regarding a Person in a Position of Trust with children or young people.

Each Local Authority has to identify a ‘Local Authority Designated Officer’ (LADO) with responsibility for the management and oversight of individual cases where there is concern in relation to a person who works in a position of trust with children. The LADO role is to provide advice and guidance to employers and voluntary organisations, liaising with other agencies, and monitoring the progress of cases to ensure they are dealt with as quickly as possible, consistent with a thorough and fair process.

Guidance published by the Cumberland Safeguarding Children Partnership (CSCP) can be found on the website, this should be followed. This relates to any allegation in regards to a person who works with children or young people who has:

1. Behaved in a way that has harmed, or may have harmed, a child;
2. Possibly committed a criminal offence against, or related to, a child; or
3. Behaved towards a child or children in a way that indicates that they may pose a risk

of harm to children

1. Has behaved or may have behaved in a way that indicates that they may not be suitable to work with children

This is in connection with the person’s paid employment or voluntary activity but may also involve concerns arising about the person’s behaviour within their own family or home circumstances.

If you have concerns about immediate significant harm of a child act without delay and contact the Cumberland Safeguarding Hub on 0333 240 1727 and consider contacting police where appropriate.

This form should always be completed when making a referral about a Position of Trust to the LADO.

Upon completion of the Position of Trust Referral Form it is preferable that you email the referral form from a secure email address and send to Cumberland LADO [lado@cumberland.gov.uk](mailto:lado@cumberland.gov.uk)

Post: LADO, Cumbria House, 117 Botchergate, Carlisle, CA1 1RD

The LADO should acknowledge your referral within 24 hours of receipt. If you have not heard back within 2 working days, contact the LADO again.

For further information please refer to the Cumberland Safeguarding Children Partnership Procedures available at [**https://cumberlandsafeguardingchildren.co.uk/allegations-against-staff-lado**](https://cumberlandsafeguardingchildren.co.uk/allegations-against-staff-lado)

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| **1. Declaration** | |
| I hereby certify that the following information is accurate, reflects my concerns and is completed to the best of my knowledge to ensure that children are appropriately safeguarded | Yes |
| Date of Incident: |  |

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| --- | --- | --- | --- |
| **2. About You** | | | |
| First Name |  | Last Name |  |
| Name of Organisation |  | Job Title |  |
| Email Address |  | Telephone Number |  |
| Relationship to person in a position of trust/ your agency’s role or service provided |  | Contact Address |  |

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| **3. About the Person In a Position of Trust** | | | |
| First Name |  | Last Name |  |
| Address |  | Postcode |  |
| Telephone |  | Gender |  |
| Date of Birth |  | Name and address of employer |  |
| Ethnicity |  |
| Position Held. Please give brief details of their role. Date of commencement of employment | | | |
|  | | | |
| Name and contact details of the person dealing with the allegation | |  | |
| Date of most recent DBS and DBS Number: | |  | |
| Does the Person hold any other positions e.g. voluntary roles, sports coach etc? If yes please give details. | | Yes  No  Unsure  Don’t Know | |
| Have there been any previous concerns, complaints or disciplinary issues as far as you are aware? | |  | |

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| **4. Reason for Concern** | |
| Are you making a Position of Trust Referral? | Yes  No  Unsure |
| Have you already discussed this with a LADO? | Yes  No |
| Date of discussion with LADO/Name of Lado |  |
| Details of your concerns- including date of incident & details of any witnesses. Has the incident occurred following an authorised intervention/physical restraint? | |
|  | |
| **Actions taken** | |
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| **5. Does the alleged have any children?** | Yes  No  Unsure |
| Details if known – include name and DOB |  |
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| **6. Professionals involved i.e. social workers, police etc.** | | | | |
| Name: | Position | Agency | Tel No | Email |
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| **7. About the Child/ren who are the alleged victim (if applicable and named child known)** | | | |
| First Name |  | Last Name |  |
| Address |  | Postcode |  |
| Date of Birth or Expected Delivery Date |  | Gender | Select a gender |
| Ethnicity |  | Religion |  |
| Disability/SEND |  | Is the child subject to a CP Plan? |  |
| Is this child looked after? (CLA) |  | Placing Local Authority |  |
| Social Worker Details |  | | |
| Interpreter Required? (if yes, state language) | | Yes  No  Which language? | |

|  |  |
| --- | --- |
| **8. Date & Time referral sent to LADO** | |
| Date of referral: |  |
| Time of referral: |  |

**Upon completion of the Position of Trust Referral Form please email the referral from a secure email address to:**

**Cumberland lado@cumberland.gov.uk**

**Alternatively, password protect the document before emailing to the LADO.**