**LADO CONSULTATION FORM**

PLEASE COMPLETE THIS FORM AND SEND TO

[lado@hillingdon.gov.uk](mailto:lado@hillingdon.gov.uk)

This is a consultation form, **not** a LADO referral form. If you feel the threshold for a LADO referral is met (ie a child is harmed or could have been harmed) then please complete the full referral form [here](http://hillingdonsafeguardingpartnership.org.uk/wp-content/uploads/2022/01/1-LADO-ASV-Referral-Form-2022.docx). If you are unsure, then please answer the questions below so that it can be determined if your concern meets LADO threshold and if a referral is needed.

Following the completion of this form the LADO or Deputy LADO will arrange to contact you as soon as possible to discuss if the threshold is met. This will be within 48 hours and prioritised based on risk. The LADO can provide advice and guidance regarding next steps regardless of the outcome.

The form does not ask for identifying information of the individual at this stage.

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| **Referrer details** | | | |
| **Name of referrer:** |  | **Date of referral:** |  |
| **Role of referrer:** |  | **Email address and contact no:** |  |
| **Organisation’s name and address:** | | | |
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| --- | --- | --- |
| **Details of the Allegation or concern** | | |
| **Date(s) of incident:** |  | |
| **Location of incident:** |  | |
| **What is the actual concern or allegation? … *Please provide as much clear detail as possible about what you know so far.***  ***If this consultation relates to an allegation or incident in the alleged perpetrators personal life, please be clear what you feel the transferable risk within their employment is, considering the risk to children.*** | | |
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| **Does the child have any injury:**  **If yes, please provide detail:** | | **Yes  No** |
| **Were there any witnesses?**  **If yes, please provide detail:** | | **Yes  No** |
| **Is there any CCTV?**  **If yes, please provide detail:** | | **Yes  No** |
| **Have there been any previous concerns or allegations about the accused professional or volunteer?**  **If yes, please provide detail:** | | **Yes  No** |
| **What action has been taken so far? (Are police or any other agencies involved, what current safeguards have been put in place)** | |  |

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| **Outcome of Consultation (to be completed by LADO and shared with referrer)** | |
| **No further action – LADO referral not required** | |
| **Formal referral to LADO requested** | |
| **Referral to another Designated Officer (LADO)** | |
| **Any other agreed actions (ie conduct matter to be addressed by setting/learning and training need identified)** | |
| **Reason for decision/s:** |  |
| **Decision/s made by:** |  |
| **Date:** |  |