

# LADO Referral

**Email:** **LADO@salford.gov.uk**

## 1. Referrer Details

Date of referral:

Name of person making referral:

Position/Job title of referrer:

Organisation of referrer:

Telephone no:

Email Address:

## 2. Details of Person Allegation/Concern is about

Full Name:

Date of Birth:

Gender:

Address:

Disability:

Ethnicity:

Employment Sector (e.g. Education, Health, Voluntary Sector):

Name, Address & Tel No. for the Employer / Approving Agency:

Occupation / Job Title / Role:

Workplace Address:

Employment Start Date:

Any other Role with Children:

Does this person have children under 18 living in their household?

Yes/No

Can you provide the details of these children if needed?

Yes/No

## 3. Alleged Victim(s)

Child’s details if Applicable:

| **Name (not initials)**  | **Date of Birth** | **Gender** | **Ethnicity****(if known)** | **Disabilities (if known)** | **Address** | **Legal Status and whether looked after child and which LA has PR** | **Details of Parents/****Guardians** |
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Date of Incident:

Reason for referral including brief description of allegation or concern:

Actions taken by employer to date including Action Plan to immediately safeguard the child(ren)

Please list any other professionals involved:

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