**Form to be completed in detail and emailed to: Knowsley LADO at** **LADOinbox@Knowsley.gov.uk**within 24 hours of allegation being made.

**NATURE AND DETAILS OF ALLEGATION**

|  |  |
| --- | --- |
| **DATE ALLEGED INCIDENT OCCURRED****IF THE ABOVE DATE IS APPROXIMATE, PLEASE GIVE DETAILS?** |  |
| **DATE EMPLOYING AGENCY BECAME AWARE OF CONCERN?** **DETAILS OF ANY DELAY IF APPROPRIATE** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PLEASE INDICATE THE NATURE OF THE ALLEGATION** (please select) | Physical | Sexual | Emotional | Neglect | Suitability |

**Allegation Details**

**Please provide a factual, detailed chronology about the allegation including all your involvement to date.**

This should include who has reported the allegation; where and when it occurred, who has witnessed (potential witness to be included) the incident and what has been alleged.

If the adult’s behaviour related to their behaviour outside of their workplace, please state where the alleged behaviour occurred.

|  |
| --- |
| **Allegation Details:** |

**ADULT DETAILS AGAINST WHOM THE ALLEGATION HAS BEEN MADE**

|  |  |
| --- | --- |
| **FULL NAME/ALIAS** |  |
| **GENDER** |  |
| **DATE OF BIRTH** |  |
| **ETHNICITY** |  |
| **CURRENT ADDRESS** |  |
| **HAS THE ADULT BEEN INFORMED OF THE REFERRAL?**  |  |
| **DOES YOUR AGENCY HOLD DETAILS OF ANY PREVIOUS COMPLAINT, CONCERN OR ALLEGATION AGAINST THIS ADULT? Please provide details if yes.**  | YES/NO |
| **ORGANISATION EMPLOYING AGENCY****(Example -Education/Health etc)** |  |
| **JOB TITLE OF ADULT** |  |
| **HOW LONG IN POST / EMPLOYMENT**  |  |
| **PLACE OF WORK** |  |
| **DIRECT / INDIRECT CONTACT WITH CHILDREN?** |  |
| **PREVIOUS HR RECORD/ANY DISCIPLINARIES, PLEASE GIVE DETAILS** |  |
| **DBS CERT NUMBER and DATE OF CLEARANCE if known**  |  |
| **Does the perpetrator have children of their own? If so, please supply address, DOB, parents/carers details and contact.****(Compulsory must be completed)** | **Yes/No** |
| **If Yes, please supply details and if referral to MASH is required.****(Compulsory must be completed)** |  |
| **Does the perpetrator have any other** **contact with children? If so what is this?****(Compulsory must be completed)** | **Yes/No** |
| **If Yes, please supply details****(Compulsory must be completed)** |  |

**CHILD’S DETAILS**

|  |  |
| --- | --- |
| **NAME** |  |
| **DATE OF BIRTH** |  |
| **GENDER** |  |
| **ETHNICITY** |  |
| **CURRENT ADDRESS** |  |
| **PARENT/CARER NAME AND ADDRESS**  |  |
| **WHEN WAS THE PARENT OR ADULT WITH PR INFORMED?**  |  |
| **HAS A REFERRAL BEEN MADE TO INTERGRATED FRONT DOOR?****IF YES PLEASE GIVE DATE AND REFERRERS NAME.****IF NO PLEASE ADVISE WHY**  | YES / NO |
| **IS THE CHILD KNOWN TO KNOWSLEY SOCIAL CARE?****IF YES, PLEASE INDICATE IN WHAT CAPACITY FROM LIST** | YES / NO / UNKNOWN |
| Early Help |  |
| Child In Need |  |
| Child Protection Plan |  |
| Child Looked After |  |
| **SOCIAL WORKER/ KEY WORKER/ ALLOCATED TO CHILD / FAMILY?** |  |
| **HAS THE CHILD’S SOCIAL WORKER/ KEY WORKER BEEN INFORMED?** | YES / NO / UNKNOWN |
| **SOCIAL WORKERS/ KEY WORKER EMAIL ADDRESS:** |  |
| **IS THE CHILD PLACED IN KNOWSLEY BY ANOTHER AUTHORITY?** | YES / NO / UNKNOWN |
| **CHILDS RELATIONSHIP TO ADULT CONCERNED?** |  |

**ARE THERE ANY OTHER CHILDREN, TO INCLUDE CHILD WITNESSES INVOLVED IN THE ALLEGATION? YES / NO**

**(If YES Please provide details below)**

|  |  |
| --- | --- |
| **NAME**  |  |
| **DATE OF BIRTH** |  |
| **ADDRESS & CONTACT DETAILS** |  |
| **PARENTS DETAILS IF KNOWN**  |  |
| **RELATIONSHIP TO ADULT CONCERNED?** |  |

**REFERRER DETAILS**

|  |  |
| --- | --- |
| **REFERRER NAME** |  |
| **JOB TITLE** |  |
| **ORGANISATION** |  |
| **ADDRESS** |  |
| **TELEPHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **Date referral made:** |  |

**Please submit this form to:**

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**The contents of this report are not to be reproduced, copied, or divulged in any way.**

**Information is not to be discussed with, or revealed to, persons who are not required in the interests of the child to have such information.**

**All enquiries for the use of any such information should be made to the Local Authority Designated Officer.**