**Adult LADO**  

**Referral Form**

This form should be completed and sent by secure email to: adultaccessteam@middlesbrough.gov.uk

If you have any problems please telephone 01642 065070 and ask to speak to the Access Safeguarding Lead Officer

**Sections of this form will expand to fit the information you require and you can also use**

**Section 6 – Additional Information to continue responses to the questions below**

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| 1. **Details of the person in a position of trust**
 |
| **Title** |       |
| **Name** |       |
| **Date of birth:** |       |
| **Home Address***House/Street**Town**County**Postcode* |                           |
| **Telephone number** |       |
| **Gender** |  |
| **Ethnicity** |  |
| **Is the person/organisation alleged to have caused harm aware of the concern being raised?***If yes, what is their view regarding the concern?* |       |

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| 1. **Details of the person in a position of trust’s role and employer**
 |
| **Role** |       |
| **Service provider** *(where applicable)* |       |
| **Service Provider’s Address***House/Street**Town**County**Postcode* |                           |
| **Are there other people potentially at risk from this person/organisation?***If yes, please provide details* |       |
| **Is the person alleged to have caused harm also someone who has care and support needs?***If yes, please provide details* |       |
| **To add any additional person alleged to have caused harm, please continue in Section 8 (Additional Information)** |
| 1. **Details of the concern(s) raised regarding the person in a position of trust**
 |
| **Description of allegation or concerns (please provide as much information as possible including details of any injuries/hard and any witnesses to the incident)**      |
| **Date the concerns occurred?** |       | **Disclosure date:** *What date were you made aware of the alleged abuse?* |       |
| **Type of abuse:***Select all that apply* |  |  |
| [ ]  Physical | [ ]  Psychological/Emotional | [ ]  Discriminatory |
| [ ]  Financial or Material | [ ]  Organisational | [ ]  Domestic abuse |
| [ ]  Modern Slavery | [ ]  Neglect and Acts or Omission | [ ]  Self-neglect |
| [ ]  Sexual  | [ ]  Sexual Exploitation |  |
| 1. **Actions taken to address immediate risk(s)**
 |
| **Have actions been taken to ensure the safety of any children and/or adults from the outlined risk?** *Details of actions taken*      |
| **Have the police been informed where a crime is suspected?** *If yes –* **Do you have a crime number:**       |
| **Are there other people who may be at risk of harm?** ***If yes, please submit additional safeguarding concern(s) for any other people at risk of abuse or neglect*** |
| **If you are concerned about a child or a young person under 18 years of age please refer to Children and Families Service. Ring 01642 726004 and request a referral to the LADO.** |
| **If there are concerns regarding children has a referral been made to the Local Authority Designated Officer (LADO)?****If yes please provide the date a referral was made?****Name of LADO appointed to review concerns regarding safeguarding children (if applicable)** |            |
| **Has a referral been made to the Children and Families Service?** *If yes, please give details*       |
| 1. **Your details (the person raising the concern)**
 |
| **Name** |       |
| **Name of organisation (if applicable)** |       |
| **How are you involved** |       |
| **What is your relationship to the person?** *(see guidance below)* |       |
| **Address**TownCountyPostcode |                           |
| **Telephone number** |       |
| **Email address** |       |
| 1. **Additional Information**
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| *Please use this space as a continuation of the above sections if necessary – this area will expand as required* |
|       |