**Allegations Against Staff & Volunteers (ASV)**
**Referral to Local Authority Designated Officer (LADO)**

**The Allegations Against Staff & Volunteers Referral Form must be completed when there is an allegation that any person aged 16+ who works with children, in connection with their employment or voluntary activity and in a position of trust, has:**

* Behaved in a way that has harmed a child, or may have harmed a child;
* Possibly committed a criminal offence against or related to a child;
* Behaved towards a child or children in a way that indicates they may pose a risk of harm to children;
* Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

Please contact Haringey’s LADO Team on 020 8489 2968 / 07816 097223 for a discussion and return the completed referral form to LADO@haringey.gov.uk

**If you are not sure that it is an allegation, consult the LADO:**

* Treat it seriously and keep an open mind
* Do not investigate until you have consulted with the LADO
* Do not make assumptions or offer alternative explanations
* Do not promise confidentiality
* Do not tell the member of staff/volunteer if this might place the child at risk of further harm or jeopardise any investigation
* Record the details using the child/adult’s own words
* Sign and date the written record

If you are concerned about the safety or wellbeing of a child or young person, you **must** also contact MASH (Multi Agency Safeguarding Hub) on 020 8489 4470.

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| **Referrer / Case Manager** |
| **First Name** | Click or tap here to enter text. |
| **Last Name** | Click or tap here to enter text. |
| **Job Title** | Click or tap here to enter text. |
| **Workplace** | Click or tap here to enter text. |
| **Contact Number** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Date completed** | Click or tap to enter a date. |

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| **Details of the professional / volunteer subject of the allegation**  **All fields must be completed** |
| **First Name** | Click or tap here to enter text. |
| **Last Name** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap to enter a date. |
| **Gender** | Choose an item. |
| **Ethnicity** | Choose an item. |
| **Religion** | Choose an item. |
| **Home Address** | Click or tap here to enter text. |
| **Phone** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Date of Appointment** | Click or tap to enter a date. |
| **Date of DBS Check** | Click or tap to enter a date. |
| **Was DBS blemished?** | Choose an item. |
| **Job / Voluntary Role** | Click or tap here to enter text. |
| **Does the subject have children aged 0-18 or have regular access to children in the home (include names & DoB)** | Choose an item.Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text. |
| **Does the subject live with any other adults who work with children?** | Choose an item.If yes, their details are:Click or tap here to enter text. |
| **Has there been concerns related to conduct, disciplinary action or previous allegations?** | Choose an item.Details: Click or tap here to enter text.Click or tap to enter a date. |

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| **Employer’s details** |
| **Employer Name (organisation)** | Click or tap here to enter text. |
| **Work Address** | Click or tap here to enter text. |
| **HR Lead** | Click or tap here to enter text. |
| **HR Contact Details (phone & email)** | Click or tap here to enter text. |
| **Has a suitability / risk assessment been completed** | Choose an item.If yes, please include a copy with this referral |
| **HR action taken regarding the professional** | Choose an item. |
| **Has the professional been informed that they are the subject of an allegation?** **Please consult with LADO prior to informing the subject of the allegation.** | Choose an item.Please consult with LADO prior to informing the subject of the allegationClick or tap here to enter text. |
| **What is their view, if any?** | Click or tap here to enter text. |

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| **Details of the child****Please copy this section for each child involved** |
| **First Name** | Click or tap here to enter text. |
| **Last Name** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap to enter a date. |
| **Gender** | Choose an item. |
| **Ethnicity** | Choose an item. |
| **Religion** | Choose an item. |
| **Home Address** | Click or tap here to enter text. |
| **Phone** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Communication Needs** | Click or tap here to enter text. |
| **Vulnerability** | Choose an item. |
| **Parents / Carers****Please include full names & DOB, and address if different to child’s** | Click or tap here to enter text.Click or tap here to enter text. |
| **Siblings****Please include full names & DOB** | Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text. |
| **Has the child made previous allegations?****If yes, please provide details** | Choose an item.Click or tap here to enter text. |
| **Any other relevant information?** | Click or tap here to enter text. |

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| **Details of the incident** |
| **Date of incident** | Click or tap to enter a date. |
| **Time of incident** | Click or tap here to enter text. |
| **Location of incident** | Click or tap here to enter text. |
| **Nature of Allegation**  | Choose an item. |
| **Date reported to Referrer**  | Click or tap to enter a date. |
| **Date reported to LADO**  | Click or tap to enter a date. |
| **Who raised the allegation?** | Click or tap here to enter text. |

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| **Description of incident / allegation****Please include all relevant information, including child and adult witnesses, why this meets threshold, what actions were taken at the time and have been taken since.** (In addition to this information, any statements or documents can also be submitted as part of the referral) |
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**What happens next?**

If the referral meets thresholds, the Designated Officer will convene an Allegations against Staff and Volunteers (ASV) Meeting. This meeting aims to share information so that the possible risk can be better understood.

If a possible crime has occurred, the Designated Officer will refer the incident to the Child Abuse Investigation Team (CAIT) at the Police. If a child or young person is at risk of significant harm, please also refer to MASH.

Please **do not** investigate an allegation unless LADO asks you to do so, as this may interfere with police investigations.

The Designated Officer’s role is to ensure the timely, proportionate, fair and unbiased management of concerns about those in positions of trust with children.

Please direct complaints about the Designated Officer via the Council’s [Complaint Procedures](https://www.haringey.gov.uk/contact/council-feedback/childrens-social-care-complaints-procedure).