**Adult LADO**  

**Referral Form**

This form should be completed and sent by secure email to: [adultaccessteam@middlesbrough.gov.uk](mailto: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** |  |
| **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?* |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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**  Town  County  Postcode | | |  | | | | | |
| **Telephone number** | | |  | | | | | |
| **Email address** | | |  | | | | | |
| 1. **Additional Information** | | | | | | | | |
| *Please use this space as a continuation of the above sections if necessary – this area will expand as required* | | | | | | | | |
|  | | | | | | | | |