

# Westmorland & Furness LADO – Position of Trust Referral

This form should only be completed when making a referral or seeking advice from the LADO regarding a Person in a Position of Trust with children or young people.

Each Local Authority has to identify a 'Local Authority Designated Officer' (LADO) with responsibility for the management and oversight of individual cases where there is concern in relation to a person who works in a position of trust with children. The LADO role is to provide advice and guidance to employers and voluntary organisations, liaising with other agencies, and monitoring the progress of cases to ensure they are dealt with as quickly as possible, consistent with a thorough and fair process.

Guidance published by the Westmorland & Furness Safeguarding Children Partnership (WFSCP) can be found on the website, this should be followed. This relates to any allegation in regards to a person who works with children or young people who has:

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

This is in connection with the person's paid employment or voluntary activity but may also involve concerns arising about the person's behaviour within their own family or home circumstances.

If you have concerns about immediate significant harm of a child act without delay and contact the Safeguarding Hub on **0300 373 2724** and consider contacting police where appropriate.

This form should always be completed when making a referral about a Position of Trust to the LADO.

Upon completion of the Position of Trust Referral Form it is preferable that you email the referral form from a secure email address and send to the LADO.

#### Email: lado@westmorlandandfurness.gov.uk

The LADO should acknowledge your referral within 1 working day of receipt. If you have not heard back within 2 working days, contact the LADO again.

For further information please refer to the Westmorland & Furness Safeguarding Children Partner-ship Procedures available at <a href="https://wfscp.org.uk/resources-and-guidance/lado-allegations-against-those-who-work-or-volunteer-children">https://wfscp.org.uk/resources-and-guidance/lado-allegations-against-those-who-work-or-volunteer-children</a>

#### 1. Declaration

I hereby certify that the following information is accurate, reflects my concerns and is completed to the best of my knowledge to ensure that children are appropriately safeguarded Yes

Date of Incident:

#### 2. About You

**Contact Address** 

First Name

Last Name

Name of Organisation

Job Title

Email Address

Telephone Number

Relationship to person in a position of trust/
your agency's role or service provided

#### 3. About the Person In a Position of Trust

First Name

Address

Postcode

Telephone

Date of Birth

Name and address of employer

Last Name

Gender

Ethnicity

Position Held. Please give brief details of their role. Date of commencement of employment

Name and contact details of the person dealing with the allegation

Does the Person hold any other positions e.g. voluntary roles, sports coach etc?  Yes No Unsure Don't Know  If yes please give details.  Have there been any previous concerns, complaints or disciplinary issues as far as you are aware?							
4. Reason for C		o, complain		mary 10000	odorar do you aro avvaro.		
		10	\ <u>'</u>				
Are you making a Positi			Yes	No	Unsure		
Have you already discu	ssed this with a	a LADO?	Yes	No			
Date of discussion with LADO/Name of Lado							
Details of your concern occurred following an a					nesses. Has the incident		
Actions taken							
<b>5. Children</b> Does the alleged have a Details if known – include		ОВ	Yes	No	Unsure		

Date of most recent DBS and DBS Number:

### 6. Professionals involved i.e. social workers, police etc.

Name:	Position	Agency	Tel No	Email

## 7. About the Child/ren who are the alleged victim (if applicable and named child known)

First Name	Last Name				
Address					
Postcode					
Date of Birth or Expected Delivery Date	Gender				
Ethnicity	Religion				
Disability/SEND	Is the child subject to a CP Plan? Yes No				
ls this child looked after? (CLA) Yes No	Placing Local Authority				
Social Worker Details					

Interpreter Required? (if yes, state language) Yes No Which language?

#### 8. Date and Time referral sent to LADO

Date of referral: Time of referral:

Upon completion of the Position of Trust Referral Form please email the referral from a secure email address to:

lado@westmorlandandfurness.gov.uk

Alternatively, password protect the document before emailing to the LADO.

Personal information given to us is subject to the Data Protection Act 1998 and will be used to assess your needs and provide services if you are eligible. Westmorland Furness Council's reserves the right to share this information with external agencies who assist in the provision of services and any government departments who have a statutory right to such disclosure.