

***This form should be used to make a referral regarding concerns or allegations about a member of staff. Urgent referrals should always be made by telephone, followed by completion of this form asap the same day to confirm the referral details.***

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| **Allegation Management Threshold** |
| Where an adult working with children may have:  * Behaved in a way that has harmed, 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

 \* Where the harm to a child may be at a Child Protection level (Significant Harm). |

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| **Details regarding the Person of concern / Volunteer involved in the Incident / Concern** |
| **First Name(s)** | **Last Name** | **DoB** |
|   |  |  |
| **Job Title / Role** | **Place of Work** | **Employer** |
| Click here to enter text. |  | Select an Agency |
| **Disability?** | **Ethnicity** | **Employment Status** |
| Select a disability. | Select ethnicity | Permanent / Temporary / Agency / Volunteer |
| **If the member of staff is agency, please provide agency details (name, main contact, contact number, email etc.)** |
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| **Home Address** |
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| **Are there any children living with the member of staff?** |
| **First name** | **Last Name** | **DoB** | **Relationship to member of staff** | **Tick if concerns Include these children** |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | [ ]   |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | [ ]   |



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| **Details regarding the Child involved in the Incident / Concern** |
| **First Name**  | **Last Name** | **DoB** |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| **Home Address** |
| Click here to enter text. |
| **Additional needs:**Child with a disability [ ]  Child with additional learning needs [ ]  Child looked after [ ]  Child in need [ ]   |
| *Note: If the referral is at a Child Protection/Criminal threshold you may also be asked to complete* *a referral to Contact Swindon with additional details for the child / children.* |

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| **Reasons for Referral** |
| * **Date and time of incident**

Click here to enter text.* **Description of incident / concern (location, and what happened):**

Click here to enter text.* **Are there any injuries to the child?**

Click here to enter text.* **Are there any witnesses to the incident/ is there any CCTV?**

Click here to enter text.* **What is your view / assessment of this incident / concern?**

Click here to enter text.* **What actions have you undertaken, including to safeguard the member of staff / child?**

Click here to enter text. |
| **Background regarding the member of staff** |
| * **How long have they worked in this role?**

Click here to enter text.* **Have there been any previous concerns or allegations about them?**

Click here to enter text.* **Do they have professional contact with children in other settings? E.g. Volunteering.**

Click here to enter text. |
| **Additional Information about the child and their parents/ carers** |
| * **What has been the impact on / response of the child?**

Click here to enter text.* **Have parents been informed? What do they want to happen?**

Click here to enter text.* **Provide any other information about the child you feel may be relevant*.***

Click here to enter text. |



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| **Details of person making referral:** |
| **Name** | **Job Title / Role** | **E-mail Address** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Agency Address** | **Telephone Number** |
| Click here to enter text. | Click here to enter text. |
| **Referrer’s Signature** |  | **Date:** | Click here to enter a date. |

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| **Allegation Management contact details:** |
| Allegation Management Email - LADO@swindon.gov.uk Main Contact Number – 01793 463854Quality Assurance & Review Service, Wat Tyler, Civic Offices, Swindon SN1 2JG. Allegation Management Referral Forms should be emailed securely toLADO@swindon.gov.uk either password protected or via Outlook 365 Encryption. If you do not have Outlook Encryption please contact us.  |
| **Alternate route for urgent Child Protection concerns:** |
| If your referral is in relation to a pressing child protection issue, please alert Contact Swindon on 01793 464646 or email contactswindon@swindon.gov.uk in office hours. If you have a child protection concern for a child outside office hours, please make contact with our Emergency Duty Service on 01793 436699.Alternatively, if a serious crime is disclosed immediate contact with the police may be appropriate. |

