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|  | Safeguarding ChildrenThe Management of Allegations against staff or volunteers who work with childrenAllegation Management Referral Form | Swindon Borough Council |

**Allegation Management Referral Form**

***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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| **Details regarding the Member of Staff / Volunteer involved in the Incident / Concern** |
| **Last Name** | **First Name(s)** | **DoB** |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| **Job Title / Role** | **Place of Work** | **Employer** |
| Click here to enter text. | Click here to enter text. | Select an Agency |
| **Disability?** | **Ethnicity** | **Employment Status** |
| Select a disability. | Select ethnicity | Permanent / Temporary / Agency / Volunteer |
| **Home Address** |
| Click here to enter text. |
| **Are there any children living with the member of staff?** |
| **Last Name** | **First 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** |
| **Last Name** | **First 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. |
| *Note: If the referral is at a Child Protection/Criminal threshold you may also be asked to complete an RF1 with additional details for the child / children.* |

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| **Reasons for Referral** |
| * **Description of incident / concern (Date, time, 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?**

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 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 Team - (01793) 463854Allegation Management Email - LADO@swindon.gov.uk Jon Goddard (LADO) – 07392 103019 - (Monday – Wednesday, 9am – 5pm) Rachel Hull (LADO) – 07824 021177 – (Thursday – 9am-5pm, Friday – 9am – 4.30pm) Sean Capewell (Senior IRO) – 07392 103032 – (Monday to Thursday - 9am – 5pm, Friday – 9am – 4.30pm) Quality Assurance & Review Service, Clarence House, Civic Offices, Swindon SN1 2JH Allegation Management Referral Forms should be emailed securely toLADO@swindon.gov.uk via Outlook Encryption. If you do not have Outlook Encryption please contact us (details below) to acquire a secure link.   |
| **Alternate route for urgent Child Protection concerns:** |
| If your referral is in relation to a pressing child protection issue, please alert the MASH Team on 01793 466903. The team can be contacted Monday to Thursday 8.30am-4.40pm, and Friday 8.30am-4pm. If you have a child protection concern for a child outside of these hours, please make contact with our Emergency Duty Service on 01793 436699. |

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