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|  | Safeguarding Children  The Management of Allegations against staff or volunteers who work with children  Allegation Management Referral Form | [Swindon Borough Council](http://oneswindon/) |

**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** | | | **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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| **Next Steps:** |
| This Referral Form should now be emailed securely to[LADO@swindon.gov.uk](mailto:LADO@swindon.gov.uk) . For support with this please call 01793 463854 |
| **Allegation Management contact details:** |
| Allegation Management Team - 01793 463854  Jon Goddard (LADO) - 07392 103019 (Monday – Wednesday, 9am – 5pm)  Rachel Hull (LADO) – 07824081177 (Thursday – Friday, 9am – 5pm) Quality Assurance & Review Service, 1st Floor, Clarence House, Euclid Street, Swindon SN1 2SG |
| **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. |

Date updated: 28.10.19

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