****

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Management of Allegations against People in a Position of Trust**  **REFERRAL/CONSULTATION TO LOCAL AUTHORITY DESIGNATED OFFICER**  This referral form must be completed and e-mailed to [LADO@suffolk.gov.uk](mailto:LADO@suffolk.gov.uk) within 24 hours if it is alleged that a person who works with children (employed or volunteer) 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 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.   If there are immediate safeguarding concerns in relation to a child, you will need to complete and submit a Multi-Agency Referral Form (MARF) using the new secure [**Suffolk Children and Young People's Portal**](https://earlyhelpportal.suffolk.gov.uk/web/portal/pages/marf#h1)**:**  The Children and Young People's Portal is an easy to use, secure space where you can complete and send forms directly to the right children's services team.  The first time you complete a form you will be asked to create a new portal account. It’s quick and easy to register for an account. To make sure the information you send to us is secure, you will need to log into this account every time you access the portal. | | | | | | | |
| **Date of incident:**  **Date Referrer notified of incident:**  **Date of Referral/Consultation to LADO:** | | | | | | | |
| **Information about Person being referred / consulted on:**  Name:  Role/Job Title:  Date of Birth:  Ethnicity:  Home Address:  Name and address of workplace:  Is the referred person aware that you have referred/ consulted on? Yes/No | | | | | | | |
| **Does the person being referred have children of their own? Yes/No**  **(complete details below)** | | | | | |
|  | **Child One** | **Child Two** | | **Child Three** | |
| Name of child: |  |  | |  | |
| Date of birth: |  |  | |  | |
| Home address: |  |  | |  | |
| **Referrers details:**  *If you are not the senior manager with responsibility for safeguarding, all referrals should be discussed with the designated person prior to being sent.*  Name:  Position:  Organisation Name and Type (e.g. residential home, nursery, school etc):  Organisation Address:  Telephone Number:  Referrers Email: | | | | | |
| **Details of the designated Senior Manager with responsibility for safeguarding or the referred persons line manager if different to above**  Name:  Contact Number:    Email: | | | | | |
| **Details of the child/children involved in the allegation:** | | | | | |
|  | **Child One** | | **Child Two** | | **Child Three** |
| Name: |  | |  | |  |
| Date of birth: |  | |  | |  |
| Ethnicity: |  | |  | |  |
| Home address: |  | |  | |  |
| Does the child have additional needs? |  | |  | |  |
| Has the child’s parents/carers been informed? |  | |  | |  |
| If the child has an allocated Social Worker, please provide their details |  | |  | |  |
| **Details of the incident and resulting allegation/concern being raised:**  *Any injury to victim, date, time and place of incident if known and views of the child where known* | | | | | |
| **What actions have been taken to date, if any?** | | | | | |
| **Have there been previous concerns in relation to person being referred?** | | | | | |

**THANK YOU FOR TAKING THE TIME TO COMPLETE AND RETURN THIS FORM.**