



Guidance

- This form is to be used in cases in which it is alleged that a person who works/ volunteers with children (either paid / unpaid/self-employed) has
  - behaved in a way that has harmed a child, 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 s/he is unsuitable to work with children
- If the allegation meets any of the above criteria, please contact the lead person for allegations within your organisation
- The employer/lead person should report it to the LADO within 1 working day. Referral should not be delayed to obtain further information
- Please contact the LADO to discuss the allegation beforehand or if immediate action is required to protect a child (Tel: 01793 463854 or 01793 466958). Out of hours, contact the Emergency Duty Service (Tel. 01793 436699) or Police (Tel:101)
- OFSTED should be notified for services regulated/inspected by them

<b>Date of Notification to LADO</b>	<a href="#">Click here to enter a date.</a>
<b>Name of LADO</b>	

Details of Referrer/Person Reporting Concerns

<b>First Name</b>		<b>Surname</b>	
<b>Job Title/ Role</b>			
<b>Organisation</b>			
Please select <b>Agency</b>			
<b>Contact Details</b>			

Details of Adult Subject to Allegation

<b>First Name</b>		<b>Surname</b>	
<b>Date of Birth</b>	<a href="#">Click here to enter a date.</a>		
<b>Address</b>			
<b>Job/ Role</b>			
<b>Employer</b>			

Please select as appropriate from the lists	
<b>Agency</b>	<b>Employment Status</b>
<b>Any Other Employment Details</b>	



# Allegations Against Adults Working/Volunteering With Children Record

**SWINDON**  
BOROUGH COUNCIL

<b>Date of alleged incident</b>	
<b>Details of allegation</b>	
<b>Details of any other / previous concerns</b>	

## Details of Child/Young Person

<b>First Name</b>				<b>Surname</b>	
<b>Date of Birth</b>	Click here to enter a date.	<b>Disability</b>	Please select	<b>Ethnicity</b>	
<b>Address</b>					

## Details of Any Other Children That May Be At Risk

<b>First Name</b>				<b>Surname</b>	
<b>Date of Birth</b>	Click here to enter a date.	<b>Disability</b>	Please select	<b>Ethnicity</b>	
<b>First Name</b>				<b>Surname</b>	
<b>Date of Birth</b>	Click here to enter a date.	<b>Disability</b>	Please select	<b>Ethnicity</b>	
<b>First Name</b>				<b>Surname</b>	
<b>Date of Birth</b>	Click here to enter a date.	<b>Disability</b>	Please select	<b>Ethnicity</b>	

## Details of Any Other Adult/s Subject to Allegation

<b>First Name</b>	<b>Surname</b>	<b>Date of Birth</b>	<b>Role/ Employer</b>
		Click here to enter a date.	
		Click here to enter a date.	
		Click here to enter a date.	



# Allegations Against Adults Working/Volunteering With Children Record

SWINDON  
BOROUGH COUNCIL

		Click here to enter a date.	
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Nature of Allegation					
Please select as appropriate (please provide further details where specified):					
Physical	Emotional	Sexual	Neglect	Unsuitable	IT related
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restraint Information					Please specify

## Details of Professionals Involved

Name	Role	Agency	Contact Details

Further Actions (Please Select and Complete Date)		
No Further Action after Initial Consideration and Closure	<input type="checkbox"/>	Date:
Advice and Follow Up from LADO	<input type="checkbox"/>	Date:
Strategy Discussion	<input type="checkbox"/>	Date:
Allegations Management Meeting	<input type="checkbox"/>	Date:
Strategy Meeting	<input type="checkbox"/>	Date:

## Details of Actions Taken



**Actions taken on those cases where further action was necessary:**

Actions Taken	Select <u>all</u> that apply	Any Further Details
Initial enquiries Referral to other LADO	<input type="checkbox"/>	
Initial enquiries Internal Action (Threshold not met)	<input type="checkbox"/>	
Initial enquiries	<input type="checkbox"/>	
S47 investigation	<input type="checkbox"/>	
Disciplinary	<input type="checkbox"/>	
Suspension	<input type="checkbox"/>	
Criminal investigation	<input type="checkbox"/>	
Removal from duties	<input type="checkbox"/>	
Management leave	<input type="checkbox"/>	

**Finding of Case (Please select as appropriate):** Please select

**Any Other Comments:**

Outcome of Case	Select <u>all</u> that apply	Any Other Comments
Cessation of Use	<input type="checkbox"/>	
Referral to ISA	<input type="checkbox"/>	
Referral to regulatory body	<input type="checkbox"/>	
Suspension	<input type="checkbox"/>	
Dismissal	<input type="checkbox"/>	
Resignation	<input type="checkbox"/>	
Section 47	<input type="checkbox"/>	
Criminal	<input type="checkbox"/>	



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<b>Caution</b>	<input type="checkbox"/>	
<b>Conviction</b>	<input type="checkbox"/>	
<b>Acquittal</b>	<input type="checkbox"/>	
<b>No Further Action</b>	<input type="checkbox"/>	
<b>Fostering Panel-changes to registration</b>	<input type="checkbox"/>	
<b>Further Training</b>	<input type="checkbox"/>	

<b>Date(s) of meetings</b>	
<b>Was case concluded?</b>	Please select
<b>Any outstanding action</b>	
<b>Date of final conclusion</b>	<a href="#">Click here to enter a date.</a>
<b>Timeframe resolved within</b>	Please select

<b>Name of LADO</b>		<b>Date</b>	<a href="#">Click here to enter a date.</a>
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