

ALLEGATIONS NOTIFICATION FORM

To be completed and emailed to:

LADO@wokingham.gov.uk (please call 0118 974 6141 before sending to be set up with secure mail)

Referrers Details

This form completed by: Job Title:
 Organisation: Tel Number:
 Name of Senior Officer dealing with allegation (if different to above):
 Tel Number: Email:

Information about the adult against whom the allegation is made

Name: DOB: Ethnicity; Gender:
 Address:
 Job title: Date of last DBS:
 Does the individual have children: No
 If yes, please give details (names, DOB, address etc)
 Are there any children resident at the individual's home address:
 If yes, please give details (names, DOB, relationship to individual etc)
 Does the individual have any other contact with children/vulnerable adults:
 If yes, please give details

Information about the allegation or concern

Date of alleged incident: Date concern raised:
 Where did alleged incident take place:
 Source of information:
 Nature of allegation/concern, including category of abuse if applicable:
 Brief description of allegation/concern:
 Any action undertaken prior to notification:
 Have there been any previous allegations or concerns raised against this person:

Information about any child identified

Is more than one child/young person involved:

If yes, how many:

Name	DOB	Gender	Address	Parents/Carers Names	Are parents/carers aware of allegation	Is the child looked after or subject to a CP plan
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Any other relevant information:

For internal use only- LADO evaluation

Outcome of initial consideration:

Does the allegation/concern fulfil the criteria for the LADO procedure and why:

Recommended advice and actions to senior officer or referrer:

Agreed actions and timescales:

Referred to WBC Social Care:

Referred to employer for internal management:

Referred to other Local Authority or LADO:

Referred to Police/CAIU:

PEC Number:

LADO's signature:

Date:

Service Manager's signature:

Date: