

## LADO REFERRAL FORM

Please consider calling the LADO for advice prior to completing this referral form.

PLEASE RETURN FORM TO: [LADO@hullcc.gov.uk](mailto:LADO@hullcc.gov.uk)

Date of Contact:			
Name of LADO:			
<b>Referrer's Details</b>			
Name:			
Position:			
Agency:			
Contact Number:			
Date and Time of when the referrer became aware of the incident:		Date:	
		Time:	
<b>Information about the person against whom the allegation has been made</b>			
Name:			
DOB:			
Occupation & Title:			
Agency/ Setting:			
Employment Base (if different) :			
Home address:			
Does this person have children?	YES <input type="checkbox"/> <span style="float: right;">NO <input type="checkbox"/></span>  (If <b>yes</b> , please provide details below)		

Previous Allegations/ Concerns	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(If <b>yes</b>, please provide details below)</p>
Any other employment with children or young people (paid/unpaid)	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(If <b>yes</b>, please provide details below)</p>
Is this person aware of the allegation?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<b>Details of Alleged Victim(s)</b>	
Name:	
Home Address:	
DOB (if known):	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Agency/Services Involved?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(If <b>yes</b>, please provide details below)</p>

Parents/Carers Details	
Name:	
Contact Details:	Mobile: Telephone: Email:
Summary of Incident/Concern	