



## 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="margin-left: 200px;">NO <input type="checkbox"/></span> (If <b>yes</b> , please provide details below)	

Previous Allegations/ Concerns	<p>YES <input type="checkbox"/> <span style="float: right;">NO <input type="checkbox"/></span></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"/> <span style="float: right;">NO <input type="checkbox"/></span></p> <p>(If <b>yes</b>, please provide details below)</p>
Is this person aware of the allegation?	<p>YES <input type="checkbox"/> <span style="float: right;">NO <input type="checkbox"/></span></p>
<b>Details of Alleged Victim(s)</b>	
Name:	
Home Address:	
DOB (if known):	
Gender:	<p>Male <input type="checkbox"/>    Female <input type="checkbox"/></p>
Agency/Services Involved?	<p>YES <input type="checkbox"/> <span style="float: right;">NO <input type="checkbox"/></span></p> <p>(If <b>yes</b>, please provide details below)</p>

**Parents/Carers Details**

Name:	
Contact Details:	Mobile:  Telephone:  Email:

**Summary of Incident/Concern**

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