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**MOSAIC:**

**CAREFIRST:**



Warwickshire Position of Trust Referral

**This form should only be completed when making a referral or seeking advice from the LADO (Local Authority Designated Officer) regarding a Person in a Position of Trust working with children or young people either in employed or in voluntary capacity.**

**LADO criteria is as follows, whether the individual in a position of trust has:**

1. **Behaved in a way that has harmed, or may have harmed, a child;**
2. **Possibly committed a criminal offence against, or related to, a child; or**
3. **Behaved towards a child or children in a way that indicates that they may pose a risk**

**of harm to children;**

1. **Behaved or may have behaved in a way that indicates they may not be suitable to work with children.**

**If there are concerns that a child is at immediate risk of significant harm Act Without Delay by calling either Warwickshire Children and Families Front Door on 01926-414144 or the police on 999.**

**This form should always be completed when making a referral about a Position of Trust Concern to the LADO. Send the completed form to:** [**lado@warwickshire.gov.uk**](mailto:lado@warwickshire.gov.uk)

**The LADO should acknowledge your referral within 24 hours of receipt. If you have not heard back within 2 working days, contact the LADO office on 01926-745376.**

**If you are unsure whether a referral is required, please email the LADO inbox and a LADO will contact you directly.**

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| --- | --- |
| **1. Declaration** | |
| I hereby certify that the following information is accurate, reflects my concerns and is completed to the best of my knowledge to ensure that children are appropriately safeguarded | Yes |
| Date of Incident:  Please record If historic: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. About You** | | | |
| First Name | Click here to enter your name | Last Name | Click here to enter your name |
| Name of Organisation | Enter your organisation | Job Title | Click here to enter your role |
| Email Address | Enter your email address | Telephone Number | Enter your contact number |
| Relationship to person in a position of trust/ your agency’s role or service provided |  | Contact Address | Enter your work address |

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| **3. Any other professionals involved i.e. social workers, police etc.** | |
| Name: |  |
| Contact Details: |  |
| Email: |  |

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| --- | --- | --- | --- |
| **4. About the Person In a Position of Trust** | | | |
| First Name |  | Last Name |  |
| Address |  | Postcode |  |
| Telephone |  | Gender | Select a gender |
| Date of Birth | DD-MM-YYYY | Religion | Choose a category |
| Ethnicity | Choose a category |
| **Essential Information required**: without this information referral cannot be progressed  Employers details:  Position of trust held: | |  | |
| Please give brief details of their role and responsibilities. How long have they held this position? | |  | |
| Date of last DBS: | |  | |
| Date of last Safeguarding Training (any other relevant training): | |  | |
| Does the Person hold any other positions e.g. voluntary roles, sports coach etc? If yes please give details. | | Yes  No  Unsure  Don’t Know  If yes please give details. | |
| Have there been any previous concerns, complaints or disciplinary issues as far as you are aware? | |  | |

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| **5. About the Child/ren who are the alleged victim. (If applicable and named child known)** | | | |
| First Name | Enter the child’s first name | Last Name | Enter the child’s last name |
| Address | Click here to enter the address | Postcode | Click here to enter the postcode |
| Telephone | Enter the child’s mobile number | Gender | Select a gender |
| Date of Birth or Expected Delivery Date | DD-MM-YYYY | If you do not know this information, estimate the child’s age | Enter estimate age |
| Ethnicity | Choose a category | Religion | Choose a category |
| Disability | Please choose | Please state (see guidance for definitions) | Choose the disability which best corresponds with the child’s needs |
| Interpreter Required? (If yes, state language) | | Yes No  Which language? | |

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| **6. Reason for Referral:** | |
| Please indicate which of the LADO criteria you believe has been met:   1. Behaved in a way that has harmed, or may have harmed, a child; 2. Possibly committed a criminal offence against, or related to, a child; 3. Behaved towards a child or children in a way that indicates that they may pose a risk of harm to children. 4. Behaved or may have behaved in a way that indicates they may not be suitable to work with children |  |
| Details of your concerns: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7. Details of Personal Relationships to the Person in a Position of Trust – their own children and Family Members / Significant Others (please insert row if you require space for more people – right click and insert)** | | | | | | | | |
| **First Name** | **Last Name** | **DOB/EDD/Age** | **Ethnicity** | **Address and Telephone** | **Gender** | **Relationship to the Child** | **School or GP if different to Child** |
| First Name | Last Name | Include | Choose | Insert Details | Select | Please state | Enter text |
| First Name | Last Name | Include | Choose | Insert Details | Select | Please state | Enter text |
| First Name | Last Name | Include | Choose | Insert Details | Select | Please state | Enter text |
| First Name | Last Name | Include | Choose | Insert Details | Select | Please state | Enter text |
| First Name | Last Name | Include | Choose | Insert Details | Select | Please state | Enter text |

|  |  |
| --- | --- |
| **8. Date & Time referral has been sent to LADO** | |
| Date of referral: |  |
| Time of referral: |  |

**Upon completion of the Position of Trust Referral Form please email the referral from a secure email address and send to the LADO at** [**LADO@warwickshire.gov.uk**](mailto:LADO@warwickshire.gov.uk)