**Referral to London Borough of Hillingdon Adult LADO**

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| **Referrer Details**  |
| Name:  | Job Title  |
| Organisation:  |
| Address:  |
| Tel  | E-mail:  |

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| **Member of staff / volunteer** – The person(s) the concern is about  |
| Name:  |
| Date of Birth:  | Ethnicity:  | Male/Female:  |
| Telephone:  | Email:  |
| Job Title:  | Employment status:  |
| Employing Agencies/student body (include statutory or    voluntary agency). Please include ALL employers:  | Places of employment:  |
| Home Address:  |
| Additional information (Including relevant employment history; specify any other paid or voluntary work with adults/children)     |
| Details of any previous allegations made:  |
| Have safer recruitment processes been followed?  | Yes/No  |
| Date of DBS referral:  |
| **Does the person have children of their own? and/or are they a carer for an adult with care and support needs? If yes, please provide details.**  |
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| **Details of Allegation / Concern**  |
| Date of Allegation  | Time of Allegation:  | Place of Allegation:  |
| Allegation in Personal Life?  | Yes/No  |
| Allegation in Professional Life?  | Yes/No  |
| Record the details/nature of the allegation:   |

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| **Has the person in a position of trust been made aware of this referral? If yes, please give reasons and explain what information has been given.**  |
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| **Who have you informed? What is their role? Please confirm that this includes your manager and the adult safeguarding lead in your organisation.**  |
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| **If this is an alleged crime, have you reported this to the Police? Please provide the reference number given to you by the police and any information you have received about the investigating officer.**  |
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| **What other actions has your agency/organisation undertaken so far?**   |
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| **Referrer signature**  | **Date**  | **Time**  |
|   |   |   |
|  **Please send to:**  adultlado@hillingdon.gov.uk  |