

LADO Notification

To be completed by the referrer and emailed to: <u>LADO@warrington.gov.uk</u> within 1 day of the allegation, an automatic reply will be received to confirm that your email has been received.

1. Referral Details

Date of referral:

Name of person making	referral:				
Position of referrer:					
Organisation of referrer:					
Telephone no:					
Email Address:					
2. Details of Perso	on Alle	gation/Co	ncern is	about	
Date of Birth:			Gender:		
Address:			Condon	I	
Ethnicity:			Disability:		
Position / Role:					
Employer / Agency:					
Employer / agency contact details:					
Workplace address:					
Employment start date:					
Details of any other role with children:					
Have any allegations or concerns been made against this person previously?					
Does this person have children under 18 living in their household?	Yes/No			u provide the of these children ed?	Yes/No



3. Alleged Victim(s)

Name (not initials)	Date of Birth	Gender	Ethnicity	Disabilities	Address	Social worker contact details (if appropriate)

4. Reason for notification.	

ate of alleged incident:	
lease provide details of t	the allegation or concern. (Please do not refer to individuals by their initials
ctions taken by the emp	loyer to date including action plan to immediately safeguard the



For completion by the LADO

Recorded as:	Referral / Consultation / Contact
Rationale:	
Initial actions:	
Consider any other role with children	
Is outcome form	Yes / No
required	
LADO:	
Date:	