**Criteria for CSAP managing allegations procedures**

These procedures should be applied when there is an allegation that a person who works with a child has:

* Behaved in a way that has harmed a child, or may have harmed a child;
* Possibly committed a criminal offence against or related to a child;
* Behaved towards a child or children in a way that indicates they may pose a risk of harm to children;
* Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

For more information see:

[Managing Allegations (blackpoolsafeguarding.org.uk)](https://www.blackpoolsafeguarding.org.uk/managing-allegations)

| **Referrer Details** |
| --- |
| Date of referral |  |
| Referrer name, position and name of service making referral |  |
| Referrer contact telephone number, email address |  |
| **Alleged Perpetrator / Person of concern** |
| Full Name of Perpetrator |  |
| Date of birth |  |
| Gender |  |
| Address |  |
| Ethnic origin (if known) |  |
| Disability (if known) |  |
| Occupation / Job Title / Job Role |  |
| Employer / Organisation DetailsStart Date |  |
| Date of last known DBS check (if known) |  |
| Have there been any previous Allegations / Concerns? |  |
| Does the person have any contact in any other capacity with vulnerable groups? |  |
| Details of any other children resident at the persons home address(Names and Dates of birth where possible) |  |
| **Alleged Victim/s** |
| Full name of alleged victim |  |
| Date of birth |  |
| Gender |  |
| Ethnic origin ( if known) |  |
| Disability (if known) |  |
| Legal status and whether looked after child |  |
| **Allegation** |  |
| **Description of allegation or concern including date of incident.** |  |
| Any known impact on alleged victim |  |
| What actions have been taken to date |  |
| Other agencies/professional involvement – if child/YP has allocated social worker, ensure details are shared. |  |

**This form must be returned to** **lado@blackpool.gov.uk** **for consideration.**