| Date: |  | Name and role of person completing this form: |  |
| --- | --- | --- | --- |
| Name of Adult |  | LADO Case Ref No : |  |
|  |
| **Outcomes** - was the allegation concluded as (please tick) : - |
| ☐ **Substantiated** A substantiated allegation is one which is supported or established by evidence or proof. | ☐ **Unsubstantiated**An unsubstantiated allegation is not the same as a false allegation. It simply means that there is insufficient identifiable evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence. | ☐ **Deliberately Invented or Malicious**This implies a deliberate intention to deceive. A malicious allegation may be made by a child following an altercation with a member of staff or a parent who is in dispute with the organisation. For an allegation to be classified as malicious, it will be necessary to have evidence which proves this intention. | ☐ **False**There is sufficient evidence to disprove the allegation. | ☐ **Unfounded**There is no evidence or proper basis to support the allegation. |
|  |
| **Reasoning**Please provide full reasoning for making the decision above (this section must be completed). |
|  |
|  |
| **Lessons Learnt** Please provide detail of changes in practice / procedure that have been actioned as a consequence of this matter |
|  |

|  |
| --- |
| Was the person suspended? | ☐ No | ☐ Yes (please provide dates of suspension) |
| Were formal disciplinary proceedings taken? | ☐ No | ☐ Yes (please provide summary and disciplinary sanction) |
| Date matter was concluded by employer (either return to work date or dismissal date). | Return to work date | Dismissal date |
|  |
| Criteria met to refer to Disclosure and Barring Service? <https://www.gov.uk/government/collections/dbs-referrals-guidance--2> | ☐ No (person returned to work / remained in work, if person is no longer in employment please give reasoning for not disclosing to DBS) | ☐ Yes (person dismissed / removed from regulated activity) |
| If referral to Disclosure and Barring Service made, please provide date and reference number / copy of DBS acknowledgement. | Date of Referral | DBS Reference No.  |
| Acknowledgement attached ☐ |
| Referred to Regulatory Body (e.g. GMC / HCPC / TRA) | ☐ No | ☐ Yes (please provide details and date sent) |
|  |

Incomplete forms will be returned.