| **Date:** | **Name of person completing the form:** |
| --- | --- |
| **Position of person completing the form:** |
| **Contact number:** |
| **Email Address:** |
| **Name & Address of Establishment** |

**This Consideration form is to be used when it is not clear whether threshold has been met for a LADO referral form.**

**PLEASE KEEP INFORMATION CLEAR & CONCISE TO ENABLE LADO TO CONSIDER THRESHOLD ACCURATELY.**

**(To ensure GDPR, at this stage please do not provide details of the child or alleged perpetrator)**

1. **Employer To Complete**

| **DETAIL OF: ALLEGATION/INCIDENT/ENQUIRY** (date and time of allegation) |
| --- |
|  |
| **CHILD’S ACCOUNT OBTAINED** (Note: no leading questions should be asked, questions should be kept open and to a minimum, i.e., what was the incident, and how did they feel, did anyone witness this? |
|  |
| **EMPLOYEE’S ACCOUNT IF OBTAINED**(please note this is not required before LADO will consider, but if it has taken place, or there is an incident account by the Employee, please share) |
|  |
| **ANY WITNESS ACCOUNTS**(Note: if so do not discuss what the child has said, ask only if they are aware on any incident that has occurred involving the child) |
|  |
| **IS THERE ANY CCTV FOOTAGE TO PROVE OR DISPROVE THE ALLEGATION?**(Please check this first and ensure a copy is kept) |
|  |
| **HAVE THERE BEEN ANY HISTORIC ALLEGATIONS MADE BY THE CHILD?**(dates and outcomes) |
|  |
| **HAVE THERE BEEN ANY HISTORIC ALLEGATIONS OR CONCERNS IN RELATIONS TO THE MEMBER OF STAFF?**(dates, what the allegation was and outcome) |
|  |

1. **LADO To Complete**

| **LADO ADVICE OR RESPONSE**  |
| --- |
|  |
| **POLICE ADVICE OR RESPONSE** |
|  |
| **HR ADVICE OR RESPONSE** |
|  |
| **CHILDREN’S SOCIAL CARE ADVICE OR RESPONSE** |
|  |

**Office use only:**

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_