**NOTIFICATION TO LOCAL AUTHORITY DESIGNATED OFFICER**

|  |  |
| --- | --- |
| **DATE OF NOTIFICATION** |  |
| **DATE AWARE OF ALLEGATION** |  |

|  |
| --- |
| **DETAILS OF REFERRER** |
| NAME: |  |
| NAME OF ORGANISATION / AGENCY:  |  |
| DESIGNATION / ROLE: |  |
| ADDRESS: |  |
| CONTACT NUMBER: |  |
| E MAIL ADDRESS: |  |

|  |
| --- |
| WHICH OF THE FOLLOWING CRITERIA DO YOU CONSIDER THE ALLEGATION(S) MEETS? |
| Behaved in a way that has harmed a child, or may have harmed a child and/or | Choose an item. |
| Possibly committed a criminal offence against or related to a child and/or | Choose an item. |
| Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; and/or | Choose an item. |
| Behaved or may have behaved in a way that indicates they may not be suitable to work with children. | Choose an item. |
| OR: |
| *I am unsure and I am seeking advice and guidance*  | Choose an item. |

|  |
| --- |
| **DETAILS OF ADULT SUBJECT OF THE ALLEGATION(S)** |
| NAME: |  |
| DOB: |  |
| ADDRESS: |  |
| DISABILITY: |  |
| ETHNIC ORIGIN: |  |
| RELIGION: |  |
| GENDER |  |
| JOB TITLE: |  |
| EMPLOYMENT STATUS i.e., permanent / temporary / agency worker / volunteer etc: |  |
| LENGTH OF TIME EMPLOYED TO DATE: |  |
| DOES THIS ADULT HAVE PARENTAL RESPONSIBILITY FOR CHILDREN UNDER 18-yrs e.g., children / foster children / grandparent | YES: NO: NOT KNOWN: ***Please tick the relevant box*** |
| DETAILS |  |

|  |  |
| --- | --- |
| DOES THIS ADULT HAVE RESPONSIBILITY FOR CHILDREN IN ANY OTHER FORUM e.g., community groups | YES: NO: NOT KNOWN: ***Please tick the relevant box*** |
| DETAILS |  |

|  |
| --- |
| **DETAILS OF CHILD / REN MAKING ALLEGATION(S)** |
| NAME(S) | DOB | ADDRESS | DISABILITY | ETHNIC ORIGIN | RELIGION |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **DETAILS OF PARENT(S) / CARER(S)** |
| NAME(S) | DOB | ADDRESS | DISABILITY  | ETHNIC ORIGIN | RELIGION |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **DESCRIPTION OF ALLEGATION (including any context leading up to and during the alleged incident):** |
| Date of incident\*: |  |
| Time of incident\*: |  |
| Location of incident\*: |  |
| Category of Abuse | Choose an item. |
| ***NB \* this may not be known if a historic allegation*** |
| Description of incident / Please confirm how the adult has:* Behaved in a way that has harmed a child or may have harmed a child and/or;
* Possibly committed a criminal offence against or related to a child and/or;
* Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; and or
* Behaved or may have behaved in a way that indicates they may not be suitable to work with children
 |
| HISTORIC ALLEGATIONS / CONCERNS |

|  |
| --- |
| **NAME OF ANY WITNESSES** |
| **NAME** | **RELATIONSHIP TO THE CHILD/REN MAKING THE ALLEGATION(S)** |
|  |  |
|  |  |

**PLEASE SEND THIS FORM TO:**

E mail address: cpunit@torbay.gov.uk

If you have any questions, please contact:

Safeguarding & Reviewing Service, Tel: (01803) 208541

Telephone Emergency Duty Team, Tel 0300 456 4876

Hearing impaired SMS number: 07810 548 004

If you feel a child is in immediate danger, please call 999

**OFFICE USE ONLY:**

Strategy meeting required YES NO

Allegation Management Meeting YES NO

|  |
| --- |
| **BASIS OF DECISION:**  |

**LADO signature:** ......................................................... **DATE:** .........................................