

**NOTIFICATION TO LOCAL AUTHORITY DESIGNATED OFFICER**

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

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

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| 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. |

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| **DETAILS OF PERSON 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 PERSON HAVE PARENTAL RESPONSIBILITY FOR CHILDREN UNDER 18-yrs e.g., children / foster children / grandparent | YES: NO: NOT KNOWN:    ***Please tick the relevant box*** |
| DETAILS |  |

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

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

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| **NAME OF ANY WITNESSES** | |
| **NAME** | **RELATIONSHIP TO THE CHILD/REN MAKING THE ALLEGATION(S)** |
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**PLEASE SEND THIS FORM TO:**

E mail address: [cpunit@torbay.gov.uk](mailto:cpunit@torbay.gov.uk)

If you have any questions, please contact:

Safeguarding & Reviewing Service, Tel: (01803) 208100

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

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| **BASIS OF DECISION:** |

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