



Warwickshire
Safeguarding
Children Board

MOSAIC:
CAREFIRST:

Warwickshire MASH - Position of Trust Referral

This form should only be completed when making a referral or seeking advice from the LADO (Local Authority Designated Officer) regarding a Person in a Position of Trust working with children or young people either in employed or in voluntary capacity.

LADO criteria is as follows, whether the individual in a position of trust has :

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

If there are concerns that a child is at immediate risk of significant harm Act Without Delay by calling either MASH on 01926-414144 or the police on 999.

This form should always be completed when making a referral about a Position of Trust Concern to the LADO. Send the completed form to: lado@warwickshire.gov.uk

The LADO should acknowledge your referral within 24 hours of receipt. If you have not heard back within 2 working days, contact the LADO office on 01926-745376.

If you are unsure whether a referral is required, please email the LADO inbox and a LADO will contact you directly.

OFFICIAL/SENSITIVE UPON COMPLETION

1. Declaration

I hereby certify that the following information is accurate, reflects my concerns and is completed to the best of my knowledge to ensure that children are appropriately safeguarded	Yes <input type="checkbox"/>
Date of Incident: Please record if historic:	

2. About You

First Name	Click here to enter your name	Last Name	Click here to enter your name
Name of Organisation	Enter your organisation	Job Title	Click here to enter your role
Email Address	Enter your email address	Telephone Number	Enter your contact number
Relationship to person in a position of trust/ your agency's role or service provided		Contact Address	Enter your work address

3. Any other professionals involved i.e. social workers, police etc.

Name:	
Contact Details:	
Email:	

4. About the Person In a Position of Trust

First Name		Last Name	
Address		Postcode	
Telephone		Gender	Select a gender
Date of Birth	DD-MM-YYYY	Religion	Choose a category
Ethnicity	Choose a category		
Essential information required: without this information referral cannot be progressed			
Employers details:			
Position of trust held:			
Please give brief details of their role and responsibilities. How long have they held this position?			
Date of last DBS:			
Date of last Safeguarding Training (any other relevant training):			
Does the Person hold any other positions e.g. voluntary roles, sports coach etc? If yes please give details.		Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Don't Know <input type="checkbox"/> If yes please give details.	
Have there been any previous concerns, complaints or disciplinary issues as far as you are aware?			

OFFICIAL/SENSITIVE UPON COMPLETION

5. About the Child/ren who are the alleged victim. (If applicable and named child known)			
First Name	Enter the child's first name	Last Name	Enter the child's last name
Address	Click here to enter the address	Postcode	Click here to enter the postcode
Telephone	Enter the child's mobile number	Gender	Select a gender
Date of Birth or Expected Delivery Date	DD-MM-YYYY	If you do not know this information, estimate the child's age	Enter estimate age
Ethnicity	Choose a category	Religion	Choose a category
Disability	Please choose	Please state (see guidance for definitions)	Choose the disability which best corresponds with the child's needs
Interpreter Required? (If yes, state language)		Yes <input type="checkbox"/> No <input type="checkbox"/> Which language?	

6. Reason for Referral:	
<p>Please indicate which of the LADO criteria you believe has been met:</p> <ul style="list-style-type: none"> a) Behaved in a way that has harmed, or may have harmed, a child; b) Possibly committed a criminal offence against, or related to, a child; c) Behaved towards a child or children in a way that indicates that they may pose a risk of harm to children. d) Behaved or may have behaved in a way that indicates they may not be suitable to work with children 	
<p>Details of your concerns:</p>	

OFFICIAL/SENSITIVE UPON COMPLETION

7. Details of Personal Relationships to the Person in a Position of Trust – their own children and Family Members / Significant Others (please insert row if you require space for more people – right click and insert)

First Name	Last Name	DOB/EDD /Age	Ethnicity	Address and Telephone	Gender	Relationship to the Child	School or GP if different to Child
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text

8. Date & Time referral has been sent to LADO

Date of referral:	
Time of referral:	

Upon completion of the Position of Trust Referral Form please email the referral from a secure email address and send to the LADO at LADO@warwickshire.gov.uk