 

**MOSAIC:**

**CAREFIRST:**

##### Warwickshire MASH - Position of Trust Referral

**This form should only be completed when making a referral or seeking advice from the LADO regarding a Person in a Position of Trust with children or young people.**

**Each Local Authority has to identify a ‘Local Authority Designated Officer’ (LADO) with responsibility for the management and oversight of individual cases where there is concern in relation to a person who works in a position of trust with children. The LADO role is to provide advice and guidance to employers and voluntary organisations, liaising with other agencies, and monitoring the progress of cases to ensure they are dealt with as quickly as possible, consistent with a thorough and fair process.**

**There is guidance published by the Warwickshire Safeguarding Children’s Board that should be followed. This relates to any allegation in regards to a person who works with children or young people who has:**

1. **Behaved in a way that has harmed, or may have harmed, a child;**
2. **Possibly committed a criminal offence against, or related to, a child; or**
3. **Behaved towards a child or children in a way that indicates that they may pose a risk**

**of harm to children.**

**This is in connection with the person’s paid employment or voluntary activity but may also involve concerns arising about the person’s behaviour within their own family or home circumstances**.

**If you have concerns about immediate significant harm of a child Act Without Delay. If you have Child Protection concerns contact the MASH on 01926 414144.**

**This form should always be completed when making a referral about a Position of Trust Concern to the LADO.**

**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**](mailto:LADO@warwickshire.gov.uk)

**The LADO has no fax facilities. If you are having difficulties sending your referral please call the MASH on 01926 414144.**

**The LADO should acknowledge your referral within 24 hours of receipt. If you have not heard back within 2 working days, contact the LADO again.**

**For further information please refer to the Warwickshire Safeguarding Children Board’s Procedures available at** [**www.warwickshire.gov.uk/wscb**](http://www.warwickshire.gov.uk/wscb) **and the MASH website at** [**www.warwickshire.gov.uk/mash**](http://www.warwickshire.gov.uk/mash)

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| **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 |
| Date of Incident: |  |

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| --- | --- | --- | --- |
| **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 |

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| **3. Any other professionals involved i.e. social workers, police etc.** | |
| Name: |  |
| Contact Details: |  |
| Email: |  |

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| **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 |
| Position 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  No  Unsure  Don’t Know  If yes please give details. | |
| Have there been any previous concerns, complaints or disciplinary issues as far as you are aware? | |  | |

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| **5. Reason for Concern** | |
| Are you making a Position of Trust Referral? | Yes  No  Unsure |
| If you wish to obtain advice, what are your concerns and queries to ask the LADO? |  |
| Details of your concerns: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6. 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 |

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| --- | --- | --- | --- |
| **7. 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 No  Which language? | |

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| **8. Date & Time referral has been sent to MASH** | |
| Date of referral: | Click here to enter a date. |
| Time of referral: | Click here to enter a date. |

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