

BURY INITIAL CONSIDERATION/ENQUIRY FORM

Once completed send to:- LADO@bury.gov.uk

Office Use Only

Is this at LADO/Managing Allegations Full Threshold:

If Yes - Reference no. (From Database):

Date LADO notified:	
Name of person completing the form:	
Full Name of person of potential concern	
Date of birth	
Address of Person	
Details of Establishment where person of potential concern works	
If agency worker, details of agency, telephone number and contact name	
Job role	
Contact number of referrer:	
Email Address of referrer:	
Name/Position of person referring information:	
Category Choose an item.	Area of complaint Choose an item.

PLEASE KEEP INFORMATION CLEAR & CONCISE

DETAIL OF: ALLEGATION/INCIDENT/ENQUIRY (date and time of allegation)
CHILD'S Details, to include full name, date of birth and address/INITIAL ACCOUNT OBTAINED (Preferably with parent or carer present unless they are the person of potential concern) (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?)

PARENTS/CARERS details of child if known and contact numbers - CARERS VIEW (what was their response and what action would parents/carer like to see taken)

ANY WITNESSES? – Full details of contact details

(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 and ask that they make a note of their account, print name, sign and date)

IS THERE ANY CCTV FOOTAGE TO PROVE OR DISPROVE THE ALLEGATION? If there is, what does it show?

(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)

Office Use Only:

POLICE ADVICE OR RESPONSE

HR/Employer ADVICE OR RESPONSE

CHILDREN'S SOCIAL CARE ADVICE OR RESPONSE

LADO ADVICE OR RESPONSE – Final Outcome

Office use only:

Date of Closure: _____

Signed by: _____

Position: _____

Emails received to show confirmation of above if needed.