**Designated Officer (formerly LADO) Consultation and Advice Form**

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| **Referrer** |  |
| **Date** |  |
| **T/C or Email** |  |
| **Organisation** |  |
| **Name of Alleged Person** |  |
| **Gender** |  |
| **Job Title/Role of Alleged Person** |  |
| **Employment Sector for Alleged Person** |  |
| **Please select the category of concern**CSE, Emotional Abuse, Inappropriate Boundaries, Neglect, Non Reporting of CP Concerns, Non Specific, Online, Physical Abuse – Non-restraint, Sexual Abuse – Non CSE |  |
| **Date and details of Incident(s) or concern :** |  |
| **Advice Given** |  |
| **Form Completed by D:O****On** |  |

Please return to LADOReferral@nctrust.co.uk