

# KSBP LADO Notification form



**Date Adopted:**  
**Version: V1**

## Document Control

|                              |   |
|------------------------------|---|
| <b>Title of document:</b>    | KBSP LADO Notification form   |
| <b>Authors job title(s):</b> | PPO   |
| <b>Document version:</b>     | V1  |
| <b>Supersedes:</b>           |   |
| <b>Date of Adoption:</b>     |   |
| <b>Review due date:</b>      | Three years from approval or at the publication of relevant legislation |

## Version Control

| Version | Date       | Reviewer           | Change Made |
|---------|------------|--------------------|-------------|
| V1      | 12/02/2020 | KBSP Business Unit | Rebranding  |
|         |            |                    |             |
|         |            |                    |             |
|         |            |                    |             |



CHILDREN

ADULTS

COMMUNITIES

## Allegations of abuse made against a person who works with children

This form is to be completed on all occasions when an allegation is made against a member of staff, volunteer or carer and faxed to **0117 9037153**

| Details of member of alleged perpetrator involved in incident  |  |      |  |                       |  |      |  |
|--|--|------|--|-----------------------|--|------|--|
| Full Name:   |  |      |  | D.O.B:                |  |      |  |
| Post Held:   |  |      |  |                       |  |      |  |
| Home Address:  |  |      |  |                       |  |      |  |
| Details of pupil(s) / Child(ren) involved in incident  |  |      |  |                       |  |      |  |
| Full Name:   |  |      |  | D.O.B                 |  |      |  |
| Home Address:  |  |      |  |                       |  |      |  |
| Name of Parent:  |  |      |  |                       |  |      |  |
| Lead Professional contact details:   |  |      |  |                       |  |      |  |
| Details of alleged incident  |  |      |  |                       |  |      |  |
| Date and Time of Incident:   |  |      |  | Location of Incident: |  |      |  |
| Brief circumstances of incident including potential witnesses, any precipitating factors, injuries sustained (if applicable) and details of any previous incidents |  |      |  |                       |  |      |  |
|  |  |      |  |                       |  |      |  |
| Signed   |  | Name |  | Contact               |  | Date |  |
| DSM signature  |  |      |  |                       |  | Date |  |
| (DSM must send to Strategy Leader within 1 working day of receiving allegation.)   |  |      |  |                       |  |      |  |

|  |  |                              |  |       |    |
|--|--|------------------------------|--|-------|----|
| <b>Discussion(s), decisions reached and action taken (within 3 working days from initial discussion, within 10 working days for further investigation or within 15 for disciplinary hearing)</b> |  |                              |  |       |    |
|  |  |                              |  |       |    |
| Strategy Meeting held:   |  | Police CAIT informed:        |  |       |    |
| Date(s) child's parent informed of the a) allegation, b) outcome:  |  |                              |  | a)    | b) |
| Date(s) staff/volunteer/carers or informed of the a) allegation, b) outcome:   |  |                              |  | a)    | b) |
| Date OFSTED informed:  |  | Signed Service Manager S&QA: |  | Date: |    |

**Copies to: Service Manager Safeguarding and Quality Assurance, Designated Senior Manager (DSM),  
Copy retained in referrers records, key professionals (please identify), OFSTED**