Safeguarding Adults Data Sharing Referral Form

**(Adult LADO)**

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| Name of alerter |       |
| Organisation of alerter |       |
| Contact details of alerter |       |
| Name of individual of concern (IoC) |       |
| Date of birth of IoC |       | LAS ID (IoC) |       |
| National Insurance Number of IoC (if known) |       |
| Home address of IoCPostcode |            |
| Telephone number of IoC  | Landline:      | Mobile:      |
| Details of any children resident at the IoC’s address |                      |
| Details of any other adults at risk of abuse and neglect resident at the IoC’s address |                 |
| Contact details of the establishment where the IoC works with adults at risk of abuse and neglect |            |
| Brief description of allegations made / cause for concern |
|                 |
| Details of identified risks to with adults at risk of abuse and neglect in relation to this employee |
|       |
| **Please email this form to** **mashadultsafeguarding@norfolk.gov.uk****.** |

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| **For completion by SADS / Police Officers only** |
| **This information is sent in confidence and is restricted**. It must not be passed on to a third party without the express permission of the originating agency. It consists only of information which is assessed as being necessary and relevant for the purposes specified on the original request. |
| **Brag rating:** please select      |
| **Blue** **[ ]**  | **Red [ ]**  | **Amber [ ]**  | **Green [ ]**  |

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| **Completed by:**       |
| **Date:**        |
| **Agency:**       |
| **DBS check previously completed? Yes** **[ ]  No [ ]**  |
| **If yes, date DBS check completed:**        |
| If considering disclosure of non-conviction information, this must be checked with the DBS for previous non-disclosure decisions. |

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| **Results:** |
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