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| --- | --- | --- | --- |
| **Firewise Referral Form** |   | **Date** |  |

|  |  |  |
| --- | --- | --- |
| **About the referrer** | Referred by |  |
| Relation to young person |  |
| Contact Tel |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **About the young person** | Name |  | D.O.B. |  |
| Address |  |
|  | Post code |  |
| School |  |
| Behaviour/Learningneeds | SEN |  | ADHD |  | ASD |  |
| Other (please state) |  |
| Other agencies involved |  |

|  |  |  |
| --- | --- | --- |
| **Parent/carer consent for intervention** | Name: |  |
| Relation to young person |  |
| Consent given | Yes |  | No |  |
| Contact Tel  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Reason for referral** | Fire setting |  | Fear of Fire |  | Malicious calls/alarms |  |
| Details |  |
| History of Fire setting | House |  | Person |  | Garden/Outside |  |
| Animal |  | Other’s possessions or property |  |
| Who with? | Alone |  | Peers |  | Other |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Risks in the home** | Are smoke alarms fitted? |  | Do they work? |  |
| Are there smokers in the home? |  | Where do they smoke? |  |
| Other risk factors |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **About the intervention** | Where would you like the sessions to take place? | Home |  | School |  |
| Other (please state) |  |

E-mail the completed form to firewise@esfrs.org