



**East Sussex**  
Fire & Rescue Service



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### Referral Form

(To be emailed)  
NOT A CPFSS REFERRAL

Name	
Organisation Address	
Postcode	
Telephone number	
<b>Client's details:</b>	
Name	
Address	
Postcode	
Telephone number	
Any additional comments	

The client understands that the home safety visit provided by East Sussex Fire & Rescue Service is completely FREE of charge and consent been given Yes

#### Fire risk factors (please tick all that apply):

80 years or older	<input type="checkbox"/>	Sight impaired	<input type="checkbox"/>
65 years or older	<input type="checkbox"/>	Heavy smoker	
Lives alone	<input type="checkbox"/>	Hearing impaired	<input type="checkbox"/>
Reduced mobility/immobile	<input type="checkbox"/>	Suffering mental health issue (e.g. Dementia) Please state issue _____	<input type="checkbox"/>
Long-term medication/sedatives	<input type="checkbox"/>	A single parent (with one or more children 0-5 years age)	<input type="checkbox"/>
Occupier has no working smoke alarms	<input type="checkbox"/>	Victim of arson or threats of arson	<input type="checkbox"/>
Previous fire incident	<input type="checkbox"/>	Victim of domestic violence and/or hate crime	<input type="checkbox"/>
History of fire setting in own dwelling	<input type="checkbox"/>	Heavy alcohol consumption	<input type="checkbox"/>
Property Privately Owned	<input type="checkbox"/>	Property Privately Rented	<input type="checkbox"/>
Property Owned by Housing Ass / Council	<input type="checkbox"/>	No Lone Working to Premise: Please state reason _____	<input type="checkbox"/>
Please State: _____			
<b>Comments:</b>			

East Sussex Fire & Rescue Service needs to gather the following information in order to provide a Home Safety Visit. This information will not be shared with anyone outside of the Fire Service. You have the right to see this information and can do so by contacting 01323462435. The data will be held securely in electronic format.