|  |  |  |  |
| --- | --- | --- | --- |
| **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/Learning  needs | 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](mailto:firewise@esfrs.org)