

# Partner agency home fire safety visit referral

This form should only be completed by partner agencies who have individuals or families they wish to refer for a Home Fire Safety Visit (HFSV). If you are requesting a HFSV for yourself, family member or friends, please complete our HFSV request form.

Please note that where possible the person or family you are referring must have agreed to this referral.

We can only accept referrals for people or families living in domestic properties.

Please complete the referral form as fully as possible to enable us to prioritise our response.

# Data protection agreement

In this form, we will ask for some personal information (such as name, address, postcode) in order to fulfil your request for information or services.

This information will be held securely and will be used to provide you with the service you have requested. Any processing will be performed in line with the requirements of the Data Protection Act 2018 and the General Data Protection Regulation.

The Service is registered as a Data Controller with the Information Commissioner’s Office under the reference number ZA482017. Further details about how we process personal data can be found in our [privacy notice](https://www.northantsfire.gov.uk/privacy-statement/).

# Disclaimer

Northamptonshire Fire Service offer a variety of home safety services. This can include:

* Signposting to useful information / self-help toolkits
* Online and telephone advice
* Home visits delivered by either a local fire crew or Home Fire Safety Adviser

|  |  |  |
| --- | --- | --- |
| Is the property of a House of Multiple Occupation (HMO)? | Yes |[ ]  No |[ ]
| If it is, your request may be passed onto our Fire Protection Team for further consideration |

# Section 1 – Personal information (Referrer)

|  |  |
| --- | --- |
| Your name |  |
| Role |  |
| Agency | Care provider |[ ]  Charity |[ ]
|  | Children’s Trust |[ ]  Council / Environmental services |[ ]
|  | Housing |[ ]  NASS |[ ]
|  | NHS / NHFT |[ ]  Police |[ ]
|  | Police Ace / Early Intervention  |[ ]  Other |[ ]
|  | If other, please state: |  |
| Company/department |  |
| Contact number |  |
| Email address |  |

# Section 2 – Occupier’s details (person being referred)

|  |  |  |
| --- | --- | --- |
| Has consent been granted from the occupier? | Yes |[ ]  No |[ ]
| If no, explain why |  |
| Name |  |
| Full address |  |
| Contact number |  |
| Email address |  |
| Who should be contacted to discuss the referral? | You (the referrer) |[ ]
|  | The occupier |[ ]
|  | Other (please state): |[ ]
| If other, please provide their name, contact number, email and relationship to the occupier |  |

# Section 3 – Household factors

|  |  |
| --- | --- |
| Please describe the household of the occupant | Occupant lives alone |[ ]
|  | Living with other adult(s) no children under 18 |[ ]
|  | Parent/Guardian/Family with children under 18 |[ ]
| What is their property type? | Privately owned |[ ]  Privately rented |[ ]
|  | Housing provider/Housing Association |[ ]  Council rented |[ ]

|  |  |  |
| --- | --- | --- |
| Regarding the ages of people in the household, please tick all that apply | 80+ |[ ]  65 - 80 |[ ]
|  | 18 - 65 |[ ]  5 - 18 |[ ]
|  | Under 5 |[ ]

|  |  |  |
| --- | --- | --- |
| Does anyone in the household already receive support from any of the following? *(If yes, tick all that apply)* | Social worker |[ ]  Support worker |[ ]
|  | Carer |[ ]  Family member/relative |[ ]
|  | Charity or organisation |[ ]  None |[ ]

# Section 4 – Concern about fire safety

|  |  |  |
| --- | --- | --- |
| Have they received a threat of arson? | Yes |[ ]  No |[ ]
| Are there any firesetter concerns in the household? | Yes |[ ]  No |[ ]
| Do they have working smoke alarms?(There should be a minimum of one per floor, further information is available on our [website](https://www.northantsfire.gov.uk/smoke-and-carbon-monoxide-alarms/)) | Yes |[ ]  No |[ ]
| Are any possessions affecting the use of the living space? | Yes |[ ]  No |[ ]
| Please select the appropriate value from the clutter rating scale(See [website](https://hoardingdisordersuk.org/wp-content/uploads/2014/01/clutter-image-ratings.pdf) for more information on the clutter rating scale) | 1 - 3 |[ ]  4 - 6 |[ ]
|  | 7 - 9 |[ ]  I have not been to the property |[ ]
| Are your escape routes clear? | Yes |[ ]  No |[ ]  N/A |[ ]

# Factors affecting the occupier’s ability to understand, call for help and escape safely if a fire starts

|  |  |  |  |
| --- | --- | --- | --- |
| Factors which could affect ability to escape or raise alarm *(Select all that apply)* | Memory |[ ]  Ability to make safe decisions |[ ]  Hearing |[ ]
|  | Sight |[ ]  Reliance on alcohol/medicine/ drugs |[ ]  Limited mobility |[ ]
|  | Bedbound |[ ]  Other |[ ]  None |[ ]
|  | If other, or if you would like to make any other comments, please use this textbox to provide details |  |

# Section 5 – Factors increasing likelihood of fire

|  |  |  |
| --- | --- | --- |
| Does anyone in the household smoke? | Yes |[ ]  No |[ ]
| For anyone who smokes in the household, select all that apply | Evidence of dropped/discarded cigarettes |[ ]  Emollient use |[ ]
|  | Home oxygen |[ ]  Bedbound |[ ]
|  | Chair bound |[ ]  Limited mobility |[ ]
|  | No concerns |[ ]  N/A |[ ]
| Is there a home oxygen user? | Yes |[ ]  No |[ ]
| For home oxygen users, select all that apply | No open flame |[ ]  No smoking risk |[ ]
|  | Used around open flames |[ ]  Smoking risk |[ ]
| Is there an emollient user? | Yes |[ ]  No |[ ]
| For emollient users, select all that apply | No open flame |[ ]  No smoking risk |[ ]
|  | Used around open flames |[ ]  Smoking risk |[ ]
| Have there been any previous fires, a near miss or burn marks? | Yes |[ ]  No |[ ]
| If yes, or you would like to make any other comments, please add the details here |  |

# Section 6 – Living environment

|  |  |  |  |
| --- | --- | --- | --- |
| Select all fire safety concerns that apply | Electrical safety |[ ]  Cooking safety |[ ]  Safe heating methods |[ ]
|  | Use of candles |[ ]  No phone |[ ]  No assistive technology |[ ]
|  | No lifeline |[ ]  Other |[ ]  None |[ ]

|  |  |
| --- | --- |
| If other or you would like to make any other comments, please add the details here |  |

|  |  |
| --- | --- |
| Can you provide any further information which could help us to process this referral? |  |

Thank you for completing this form, please email it to enquiries@northantsfire.gov.uk and we will be in touch.