# 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.

**If your property is rented, or a House of Multiple Occupation, we cannot fit or replace smoke alarms. This is the responsibility of your landlord; however, we can still visit you and deliver fire safety advice.**

# 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

# Section 1 – Referrer information

|  |  |
| --- | --- |
| Referrer name |  |
| Referrer role |  |
| Referral Team |  |
| Referral Agency/Organisation |  |
| Referrer contact number |  |
| Referrer email address |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has consent been granted from the occupier? *We are unable to visit without consent* | Yes |  | No |  |
| If no, please explain why?  We will contact you to discuss next steps in regard to supporting the occupier |  | | | |
| Occupiers name |  | | | |
| Full address |  | | | |
| Post code |  | | | |
| 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 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 your 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 |  |
| Please provide details of support service or company if known, such as name and contact details |  | | | |

# Section 4 – Concern about fire safety

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have they received a threat of arson? | Yes |  | No |  |
| Are there any occupiers in the household that are setting deliberate fires or showing fascination in fire? | 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 |  |
| Are your escape routes clear? | 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 |  |

# 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 |  |
| Please provide further information on any factors selected above | |  | | | | |

# 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 | Used around open flames | | |  | Smoking risk | |  |
| No open flames | | |  | No smoking risk | |  |
| Is there an emollient user? | Yes |  | | No | |  | |
| For emollient users, select all that apply | Used around open flames | | |  | Smoking risk | |  |
| No open flames | | |  | No smoking risk | |  |
| Have there been any previous fires, a near miss or burn marks? | Yes |  | | No | |  | |
| Please provide further information around any factors selected above |  | | | | | | |

# 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 |  |
| Please provide further information on any concerns selected above |  | | | | | |

|  |  |
| --- | --- |
| 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**](mailto:enquiries@northantsfire.gov.uk) **and we will be in touch.**