






Strictly Private and Confidential – Sensitive Information

OFFICE USE ONLY				
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	JOB NUMBER:	DATE RECEIVED:
				RECEIVED BY:
			SUITABLE FOR LONE WORKING:	YES <input type="checkbox"/> NO <input type="checkbox"/>

Young Person Information:

Name: _____ Preferred name: _____
Date of Birth: _____ Gender: Male Female Prefer not to Say
Current Address: _____
Previous Address (Last 3 years): _____

Name of School: _____ Attending school: Yes No
Address: _____
Phone: _____ E-Mail: _____
Additional Needs: Yes No Details: _____
Interests/Hobbies: _____

Reason for Referral:

Details: _____ Alone: With others:
Location: _____ Use of Accelerants? Yes No
Approximate number of incidents: _____ Previous FireSAFE input? Yes No
Job No: _____

Referrer Information:

Name: _____ Agency/Role: _____
Contact Number _____ E-Mail Address: _____
Reason for Involvement: _____

Parent/Carer Information

Name(s):

Address if different to above:

E-Mail Address:

Contact number:

Parental Responsibility: Yes No

If No, who has PR?:

Consent to Referral Yes No

Address Information:

Other Residents? Yes No

Details:

Any Smokers? Yes No

Working smoke alarms? Yes No

THE FOLLOWING QUESTIONS ARE ASKED TO ASSESS ANY RISK TO OUR YOUTH OFFICERS. WITHIN THE HOME IS THERE:-

Any pets? Yes No

Details:

Domestic Violence? Yes No

Details:

Multi-agency Involvement? Yes No

Details:

Substance/Alcohol Use? Yes No

Details:

Is there any other information that you feel may be useful for our FireSAFE advisor?