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|  | **VULNERABLE PERSONS REFERRAL FORM** | May 2018 v2 |

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| **Referral For:**  | **Vulnerable Person** [ ]  | **Target Hardening (Arson Threat)** [ ]  | **SAFE (adolescent fire setter)** [ ]  |
| **Referred Persons Details:** |
| **Name:** |  | **D.O.B.** |  |  |  |  |  |  |  |  |
| **Address:** |  |
|  | **Postcode:** |  |
| **Tel No (Home):** |  | **Tel No (Mobile):** |  |
| **Email Address:** |  |
| **Parent/Guardian Name:** |  | **Parent/Guardian Tel No.:** |  |
| **Alternative Contact Details (e.g. Friend, Relative, Carer etc.):** |
| **Name:**  |  | **Relationship** (friend, Carer Relative etc.): |  |
| **Address:** |  |
|  | **Postcode:** |  |
| **Tel No (Home):** |  | **Tel No (Mobile):** |  |
| **Email Address:** |  |
| **Referrer Details:** |
| **Name:**  |  | **Date of Referral:** |  |
| **Company Name:** |  |
| **Address:** |  |
| **Tel No (Home):** |  | **Tel No (Mobile):** |  |
| **Email Address:** |  |
| **Risk Factors (tick all that apply – if there are additional risks not listed, please add these to the ‘Any Other Relevant Information’ section)** |
| [ ]  Over 65  | [ ]  No working smoke alarms | [ ]  Care Package in place  | [ ]  Home Oxygen Therapy  |
| [ ]  Smoker  | [ ]  Strong Medication  | [ ]  Dementia  | [ ]  History of Fire  |
| [ ]  Lives Alone  | [ ]  Chip Pan  | [ ]  Mobility Problems  | [ ]  Hard of Hearing  |
| [ ]  Mental Health Issues  | [ ]  Drugs Issues  | [ ]  Hoarding  | [ ]  Alcohol Issues  |
| [ ]  Organised Criminal Gang  | [ ]  Domestic Violence | [ ]  SAFE (adolescent fire setter) | [ ]  No Lone Working  |
| TARGET HARDENING (Approval is required by appropriate line management - Police: Inspector or equivalent) |
| **Level of threat. Select only one option (If neither option is ticked, referral will be treated as ‘Standard Threat’):** |
| **Imminent threat of arson (same day response):** [ ] **‘Fire Control’ must be contacted by ‘Police Control’***(Imminent Threat for POLICE USE ONLY)*  | **Standard threat of arson (response within 2-5 working days):**  [ ] **Return form to: ‘Fire Service Direct’***(Forms sent directly to Fire Service Direct can only be dealt with as a ‘Standard Threat’)* |
| **Log No.:** |  | **NICHE No.** |  | **Referrer Police Collar no:** |  |
| **Name of line manager authorising request:** |  |
| **Any Other Relevant Information (inc. reason for referral, details of arson threat, additional needs of young person, additional risk factors etc.):** |
|  |

**Return form to:**

**Email:** fireservicedirect@merseyfire.gov.uk **Secure Email**: fireservice.direct@mfrs.cjsm.net **Telephone:** 0800 731 5958

**(*Note:* Target Hardening – Imminent Threat** ‘Fire Control’ must be contacted by ‘Police Control’)