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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](mailto:fireservicedirect@merseyfire.gov.uk) **Secure Email**: [fireservice.direct@mfrs.cjsm.net](mailto:fireservice.direct@mfrs.cjsm.net) **Telephone:** 0800 731 5958

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