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| BADGE_NEWsmall | **High Priority Referrals to and from** **Surrey Fire and Rescue Service (SFRS)** | VA1SCC-sm |
|  | **Email to:** [**surreyfire.safeguarding.surreycc.gov.uk**](file:///C%3A%5CUsers%5Cdenak%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5C6RQ1K3JJ%5Csurreyfire.safeguarding.surreycc.gov.uk) |  |

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| **Please note:** This form is only for the referral of vulnerable adults and is **not** to be used for the requesting of a standard Fire Service Home Fire Risk Check – a request for this Service can be made via the Surrey Fire & Rescue Service Website. – see Fire Safety Multi Agency Guidance for more information. |
| Information supplied by EITHER Surrey Fire and Rescue Service OR Surrey Adult Social Care OR any other agency OR a member of public. |
| **Name of Reporting Person:**  |       | Designation: |       |
| Contact Number: |       | Email Address: |       |
| Referral from (tick as applicable):  |  [ ]  SFRS to Adult Social Care  OR [ ]  Name of Agency ………………………………………………….to SFRS  |
| Referred via (name of officer):  |  |

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| **Name:** |       |
| Person’s address and/or previous address if known: |       |
| Telephone: |       |
| Date of Birth: |       | Gender: |       |
| Ethnic Origin: |       | Religion: |       |
| Any other name person/family known by: |       |
| Name of primary carer(s): |       |
| Person’s GP (if known):  |       |

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| **Community Fire Risk Assessment:** | This section must be completed when referring to SFRS to allow for an initial assessment of the risk to be made. (Please check box all that apply) |
| Lives alone | [ ]  | Over 60 | [ ]  | Mental Health Issue | [ ]  |
| Mobility issue | [ ]  | Alcohol or drug issue  | [ ]  | Smoker | [ ]  |
| No smoke alarm | [ ]  | Single point smoke alarm | [ ]  | Telecare or Automatic Fire Alarm | [ ]  |
| Privately Owned | [ ]  | Sheltered Housing | [ ]  | Warden Assisted | [ ]  |
| Rented | [ ]  | Housing Association Owned  | [ ]  | Council Owned | [ ]  |
| Disability (if any): |       |

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| **Details of concern:** (see memorandum of understanding for examples)      |
| Source of information: |       |

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| **Is person aware of referral?** |       |
| If aware – response to the concern: |       |
| **Is family/carer aware of referral?** |       |
| If aware – response to the concern: |       |

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| **Name and post of referrer:** |       |
| Action to be taken: |       |

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| **Referral made:** |                                      | **By** |       |
| **Signature:** |       | **Date:** |       | **Time:** |       |

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| File Ref: | VA1 |
| Date of Issue: | May 2011 |
| Issue No: | 5 |
| Review Date: | October 2020 |

 

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| **ACTION TAKEN BY ……………………………………………….. (Add Agency Name)** |
| **Person / Safeguarding Officer dealing with referral:** |  |
| **Date** | **Action** |
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