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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:\Users\denak\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\6RQ1K3JJ\surreyfire.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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