DORSET & WILTSHIRE FIRE AND RESCUE SERVICE

PR002 – Referral Request

(Confidential)

**To be used in conjunction with the** [**Firesetters Intervention Scheme Procedure (PCE 2)**](http://brigadehq3/pandp.nsf/MainDoc.xsp?documentId=7ADB5AC7AAA90D9080257F69004E756F&action=editDocument)

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| --- | --- | --- | --- | --- |
| **CONFIDENTIAL** |  |  | **DATE OF REFERRAL** |  **CASE NUMBER**  |
|  |  |  |  |  |
| **DETAILS OF REFERRER** |   |   |   |   |   |   |   |
| Name  | Telephone  |
| Organisation  |    | Parent/Carer |   | Mobile  |
| Organisation Name | Email  |
| Has Parent/Carer been consulted and happy for referral to go ahead? | Yes | No |
| **INDIVIDUAL BEING REFERRED** |   |   |   |   |   |   |
| Name  | Age  | DOB  |
| Address  |
|
| Postcode |
| **Parental Responsibility**  |   |   |   |   |   |   |   |
| Contact Name  | Phone  |
| Relationship to firesetter  | Email  |
| **SOCIAL SERVICES & YOUTH OFFENDING TEAM** |   |   |   |   |   |
| Does the child/young person have a social worker? | Yes | No |
| Contact Name | Telephone |
| Is the Youth Offending Team involved? | Yes | No |
| Contact Name | Telephone |
| Referral Order or Court Order? | Yes | No |
| If YES, Type of Order and Expiry Date |
| **SCHOOL DETAILS** |
| School  | Year |
| Is the school aware of the firesetting?  |
| **BRIEF HISTORY AND DETAILS** |  |  |  |  |  |  |
| Has any firesetting occurred? | Yes | No | When?  |
| Did the Service attend? | Yes | No | When? |
| Does the child/young person have any special needs? | No | Yes (details below) |
| Details of special need and whether diagnosed or suspected  |
|
| Details of the child/young person's preferred way of engaging eg writing, watching, drawing, playing etc  |
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| Details of siblings/other children living at the home  |
| Name | Gender | Age  | Details of note |
|  |  |   |  |   |   |   |   |   |   |
| Has the child/young person been seen by the fire service before?  | No |  | Yes attach old case notes |
| **Details of Firesetting Incidents (see PCE2SI - supporting information and include as much detail as possible)** |
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| Can the child/young person access matches/lighters  | Yes |  |  |   |
| Does the child/young person appear afraid of fire ?  | Yes |  | No |   |
| Does the child/young person feel remorse/upset about the fire | Yes |  | No |   |
| Does the child/young person admit to the firesetting?  | Yes |  | No |   |
| Has the family had a Safe and Well Check? | Yes |  | No |  |
| Do the family have working smoke alarms? | Yes |  | No |  |
| Safe and Well Check arranged? | Yes |  | No |  |
| Has standard information been sent? (Fire Safe leaflet) | Yes |  | No |  |
| Information transferred on to FIS 02 | Yes (Date) |
| Case number given | Yes Case Number |
| Advisers assigned (in agreement with Firesetters Lead) | Yes (Date) |
| Forms placed in adviser’s file with details added | Yes (date)  |
| **Record of calls and actions made by admin** |
| **Date** | **Action** | **Outcome** |
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