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**HOME SAFETY EQUIPMENT SCHEME REFERRAL FORM**

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| **SECTION 1** |
| DATE OF REFERRAL:  PARENT/CARER NAME (1):  PARENT/CARER NAME (2):  ADDRESS:  IS THIS A HOUSE OR FLAT: HOUSE  FLAT  OTHER (PLEASE SPECIFY)  CONTACT DETAILS (EMAIL/PHONE):  CHILD’S NAME:  CHILD’S DATE OF BIRTH:  IS THE CHILD SUBJECT TO A CP PLAN OR CinN PLAN: YES  NO  PARENT/CARER EMPLOYMENT STATUS:  WORKING FULL TIME  WORKING PART TIME  CLAIMING WORK RELATED BENEFITS  CLAIMING SICKNESS BENEFITS  IS THE PARENT/CARER A TEENAGER: YES  NO  IS THE PARENT/CARER A SINGLE ADULT HOUSEHOLD: YES  NO |
| **SECTION 2 (Please skip to SECTION 3 if completing a self-referral)** |
| REFERRER’S NAME:  AGENCY & ROLE:  CONTACT DETAILS (EMAIL/PHONE):  LOCAL CHILDREN’S CENTRE: |
| **SECTION 3** |
| REASON FOR REFERRAL:  Please explain reasons for referral to this service for example client unable to afford safety equipment, client has a lack of child safety awareness, previous history of accidents, Paragon issued. |
| **SECTION 4** |
| RISK ASSESSMENT:  If you tick ‘Yes’ to any of these statements, please provide additional information in the space below.  IS IT SAFE FOR OUR ASSESSOR AND EQUIPMENT INSTALLER TO ATTEND AT THE PROPERTY?  YES  NO  ARE THERE ANY PETS THAT MIGHT POSE A RISK AT THE PROPERTY?  YES  NO    WOULD OUR ASSESSOR (FEMALE) AND/OR EQUIPMENT INSTALLER (MALE) NEED AN ADDITIONAL STAFF PRESENCE WHEN WORKING AT THE PROPERTY?  YES  NO  HAS THERE EVER BEEN PREVIOUS ALLEGATIONS MADE AGAINST STAFF?  YES  NO  HAS THERE EVER BEEN AGGRESSION AND/OR VIOLENCE TOWARDS STAFF? YES NO  YES  NO  COMMENTS: |