

**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 NOYES [ ]  NO [ ]  COMMENTS: |