

# Fireplay Intervention Referral Form



Please complete this referral form with as much detail as possible.

Today's Date: \_\_\_\_\_

## Young Persons DETAILS

Male <input type="checkbox"/>	Female <input type="checkbox"/>	D.O.B:	_____
First Name:	_____	Surname:	_____
Other Names:	_____		
Current Address:	_____	Previous Address(s) (Last 5 years)	_____
Post Code:	_____	Previous Post Code:	_____
Identified Medical Problems (eg: ADHD etc.)	_____		
Which school do they attend?	_____		
Hobbies / Interests?	_____		
Any siblings at same address? Name(s) and age(s)	_____		
Any other siblings not at this address? Name(s) and age(s)	_____		

**Please give details of any incidents caused by the young person and any other necessary information.**  
(Please state if the incident occurred inside or outside and what was involved, including previous fire service intervention)

## PARENT / GUARDIAN DETAILS

Parent / Guardian Name:	_____
Contact Number:	_____

**CONFIDENTIAL WHEN COMPLETE**

Please tick to confirm that the parent/guardian have agreed to have their details passed to CDDFRS

**REFERRER DETAILS**

Name:

Job title:

Organisation name & address:

Contact email and phone number

Are any other agencies involved with the fire setter?

Yes

No

If yes, please give details:

- 1) What does the referrer want from this Intervention? Aims **MUST** be clearly stated.
- 2) Please describe the risk of harm to self and others (including fire service personnel) of the young person.
- 3) Does the young person have any mental health conditions? If so, please provide full details about all agencies currently working with the young person.
- 4) Is the young person already in the criminal justice system and/or have on-going criminal proceedings?

Once this form is complete, please send to Community Risk Management:

By Email: [cenquiries@ddfir.gov.uk](mailto:cenquiries@ddfir.gov.uk) For assistance in completing, telephone: 0845 223 4221

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