**Firesetter Intervention Referral Form**

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| --- | --- | --- | --- | --- | --- |
| Name of young person |  | | | | |
| Gender (Please circle) | Male | | | Female | |
| Date of birth |  | | Age |  | |
| School attending |  | | | | |
| Name of parent/guardian |  | | | | |
| Contact phone number |  | | | | |
| Address |  | | | | |
| Property Type | Housing association | Private rent | | | Owner occupied |
| Care Home | Hostel | | | Other |
| Does the home have working smoke alarms? (Please circle) | Yes | No | | | Not sure |
| Have parents/guardians given consent? (Please circle) | Yes | No | | | Not sure |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home set up: resides with | Single Mother | Single Father | Birth parents | Mother & partner |
| Father & Partner | Father & Step Mother | Mother & Step Father | Carers |
| Foster carers | Adoptive parents | Legal guardians | Other |
| Does the young person have any siblings? |  | | | |
|  | | | | |
| Name of referrer |  | | | |
| Name of agency |  | | | |
| Contact phone number and email address |  | | | |
| Any other agencies involved with young person |  | | | |
| Date of referral |  | | | |

|  |  |
| --- | --- |
| Date/s of fire setting behaviour |  |
| Where behaviour occurred |  |
| Detail of incident (including source of ignition) |  |
| Where there any other people involved in behaviour? |  |
| Consequences of behaviour? Injury? Damage? |  |
| Additional information |  |

|  |  |
| --- | --- |
| Has the young person been convicted of a criminal offence?(Please circle answer) | Yes / No |
| If answered Yes please give further details | |
| Have they had any contact with the Youth Offending Team? (Please circle answer) | Yes / No |
| If answered Yes please give further details: | |
| Has the young person received any intervention for fire setting behaviour previously? | Yes / No |
| If answered Yes please give further details: | |

**Once completed, please return this form to Fire.Setters@shropshirefire.gov.uk**

**Telephone contact: 01743 260200**