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**Safety in the Home - Referral Form**

**(Completed forms to be sent to healthandwellbeing@freshfutures.org.uk)**

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| --- | --- |
| **Date of referral:** |  |
| **Parent/guardian’s full name:**  |
| **Relationship to child:** |
| **1st line of address:**  |
| **2nd line of address:**  |
| **Postcode:**  | **Tel:**  |
| **E-mail address:**  |
| **Are there any additional adults residing at the property? Who are they?**  |
| **Name:**  | **Relation to child:** |
| **Property status (owned, Council, Private rent etc.)** |
| **Please be aware that the child must be under 24 months to qualify for equipment OR have a reason for needing equipment past this age (younger siblings, developmental delay etc.) Please outline below if this is the case.** |
| **Eligible child’s first name:**  | **Surname:**  |
| **Including the named child, how many children (under 18) live in the property?** |  |
| **Date of Birth:**  | **Gender:**  |
| **Do any children in the property have SEN/additional needs? If so, please state** |  |

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| **Referrer details (please include full name, base, e-mail address and contact number in case we have any questions or are unable to contact the family):**

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| **Eligibility Criteria:** Please tick any boxes which apply to the client: |
| Income Support |  | Jobseekers Allowance |  | Income Based Support and Allowance |  | Housing Benefit  |  |
| PIP/DLA |  | Universal Credit |  | Council Tax Benefit |  | Child In Need Plan  |  |
| Child Protection Plan |  | Any other reason not stated? |  |
| **The fitting of your safety equipment involves our fitter working alone in your property for the duration of the fit, therefore it is important for us to be made aware of any health and safety issues before staff visit you in your home. Are there any issues we need to be aware of?**

|  |  |  |
| --- | --- | --- |
| Does anyone smoke? | Yes | No |
| Do you have any pets? *Details* …………………………… | Yes | No |
| Any other relevant info? | Specify: |

**Safety Equipment: Please note the equipment you request is not guaranteed. On the day****of your fit our fitter will assess your property and only fit equipment where it’s safe to do so. If you require safety gates they will be fitted at the top and bottom of the stairs, however, if this is not possible our fitter will fit them in the next safest place. Larger items require a small amount of drilling, please make sure before the visit you have your landlord’s permission.** |

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| Safety Gates (x2) |  | Cupboard Locks (x2 Packs) |  |
| Fire Guard (x1) |  | Corner Cushions (x2 Packs) |  |
| Bath Mat (x1) |  | Blind Cord Winders (Max 7) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 0-19 practitioner | Social Media | Friend | Other ....................................................... |

Where did you hear about the service?

**Please send completed forms to healthandwellbeing@freshfutures.org.uk.**

**Referrals not made directly by the client only**

To be read out over the telephone when taking telephone referrals

Fresh Futures take client’s privacy seriously. We will only use client’s personal information to provide and monitor the Safety in the Home Service. Please confirm that you have discussed with the client the personal information that you have provided, and also gained their consent to make this referral to our Safety in the Home Service:

### Yes I have gained consent from the client (please tick as appropriate).

### Please note – if consent is not gained and this box is not ticked, the referral cannot be accepted.

### All referees and clients

If you or your client would like to know more about the personal information collected on this form, please see the Fresh Futures Privacy Notice on our website: [www.freshfutures.org.uk/about-us/privacy-policy](http://www.freshfutures.org.uk/about-us/privacy-policy)

Thank you for taking the time to provide us with this information which will help us to process your referral.