Form for reporting fire setting concerns in respect of a child or young person.

**Person making the referral**

| First name: | Last name: |
| --- | --- |
| Relationship to child: | Area / Command: |
| Agency: | Contact number: |
| Agency address: |

**Regarding** (Please give details of the child/young person, not the carer)

| First name: | Last name: |
| --- | --- |
| Known as? | Date of birth: |
| Address: |
| Post code: | Contact number: |

**Main contact**

| Name: | Relationship to child/young person: |
| --- | --- |
| Contact number: | Email: |

**Additional needs**

| (Add as necessary) | x |
| --- | --- |
| ADHD |  |
| Autism |  |
| Type here |  |
| Type here |  |

**Age range** (please place a X next to the age range)

| 0-4 years |
| --- |
| 5-11 years  |
| 12-16 years |
| 17-18 years |

| **Details of concern**  |
| --- |
|  (Please include fire setting history, possible reasons for setting fire if known, any other useful information) |

| Please check the box to confirm parental consent has been sought. |  |
| --- | --- |

Date:

**Once completed, please send to** **firesafetyinterventionreferrals@dsfire.gov.uk**