|  |  |
| --- | --- |
|  | **Fire and Wellness Visit****External / Partner Referral Form** |
| **External Agency / Partner Details** |
| Referring agency | Click or tap here to enter text. |
| Reporting person | Click or tap here to enter text. |
| Role / department | Click or tap here to enter text. |
| Contact number | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |
| **Householder Details** |
| Title | Click or tap here to enter text. |
| Full name | Click or tap here to enter text. |
| Telephone numbers | 1) Click or tap here to enter text. | 2) Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Address including postcode | Click or tap here to enter text. |
| Click or tap here to enter text. |
| Ethnicity | Click or tap here to enter text. |
| Occupancy summary (no. of people of each age) | ≤4  | 5-15  | 16-24 | 25-64 | 65-74 | 75-84 | ≥85 |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Home owner | Click or tap here to enter text. |
| Are there working smoke alarms?  | Click or tap here to enter text. | If yes, where are they? | Click or tap here to enter text. |
| **Reason For Referral & Additional Information** |
| Describe/comments: Click or tap here to enter text. |
| **Does anyone have:**  |  | **Does anyone:** |  |
| poor physical health? | Click or tap here to enter text. | have a learning disability? | Click or tap here to enter text. |
| mobility difficulties? | Click or tap here to enter text. | take sedatives or medication with a sedative effect? | Click or tap here to enter text. |
| dementia? | Click or tap here to enter text. | use oxygen therapy? | Click or tap here to enter text. |
| hearing loss? | Click or tap here to enter text. | smoke in the property? | Click or tap here to enter text. |
| sight impairment? | Click or tap here to enter text. | hoard in the property? | Click or tap here to enter text. |
| no sense of smell? | Click or tap here to enter text. | Is a joint visit required? | Click or tap here to enter text. |
| As the referring agency, you are confirming that the person named has given you their authorisation to pass their details to BFRS in order to carry out a Fire and Wellness visit. | Signed | Click or tap here to enter text. |
| Date received | Click or tap here to enter text. |
| **Email this form securely to** | Centraladmin@bucksfire.gov.uk |
| Personal details submitted on this form or collected during a Fire and Wellness visit will be processed electronically and retained for a maximum of 8 years before deletion. Information linked to the Fire and Wellness visit is only shared with agencies that consent has been provided for, unless it is necessary to protect vital interests.  |