

## Home Fire Safety Visit - Referral Form

### London Fire Brigade working with Advisory Services in South East London

The London Fire Brigade carry out **FREE** Home Fire Safety Visits. This includes visiting the person's home, giving fire safety advice and fitting a free smoke alarm/s if required. We would especially like referrals from those you know are vulnerable, this includes those who misuse alcohol or drugs.

### Please gain consent from your client/service user before completing this form

**The checklist below may help you identify if your client is at risk and would benefit from a Home Fire Safety Visit**

<ul style="list-style-type: none"> <li>Is anyone in the home a smoker?</li> </ul>	<ul style="list-style-type: none"> <li>Is there any evidence of hoarding in your client's home?</li> </ul>
<ul style="list-style-type: none"> <li>Does anyone in the home use candles?</li> </ul>	<ul style="list-style-type: none"> <li>Does your client experience any mental health issues?</li> </ul>
<ul style="list-style-type: none"> <li>Is the home fitted with at least one working smoke alarm in their home?</li> </ul>	<ul style="list-style-type: none"> <li>Does anyone in the home use or misuse drugs (prescribed or otherwise) or alcohol?</li> </ul>
<ul style="list-style-type: none"> <li>Does your client have a history of near misses with fire?</li> </ul>	<ul style="list-style-type: none"> <li>Would your client be able to escape from fire without assistance from others?</li> </ul>

### Applicant Details

Name			
Address			
Postcode		Telephone Number	
Would your client need a support worker or a family member/friend present during the visit? If yes, please give contact details for this person.			
Does your client have any special needs we should be aware of?			
Date		Can telephone contact be made in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please indicate which language you would like us to use when contacting you or if a BSL signer is required:			
Name of Organisation			
Name of support officer/carer		Contact phone	
E-mail	Project code (LFB purposes only)		

Please be assured that all information contained in this form will be treated in confidence.

**Alternatively this form can be saved and e-mailed as an attachment to:**  
[secsteam@london-fire.gov.uk](mailto:secsteam@london-fire.gov.uk)