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| **Referral from - Organisation** |  |
| **Name of referrer (employee)** |  |
| **Referrer phone number** |  |
| **Is a joint visit required?** | Yes/No |
| **Has the occupier consented to this referral?** | Yes/No |
| Name of occupier |  |
| Address |  |
| Postcode |  |
| Phone number (occupier) |  |
| Existing working smoke alarms on each level of the property? |  |
| Cooking issues, e.g. chip pan? |  |
| Living alone / lone parent? |  |
| Immobile / unable to evacuate within 5 minutes? |  |
| Mental health / illness? |  |
| Learning disabilities? |  |
| Alcohol / substance issues? |  |
| Overloading sockets/electrical issues? |  |
| Smokes / smokes where sleeps? |  |
| Burn marks / any previous accidental fires or near misses? |  |
| Daily domiciliary care? | *Please note any times should a visit need to be arranged as same time as care* |
| Risks to staff? E.g., under influence, behaviour, no lone working? | ***Please also state if no risk identified.*** |
| Any other information, concerns, etc;  TWFRS will try to accommodate specific days / times, this cannot be guaranteed. Please note any preferences and reason why (e.g. joint visit) | |

Partner Referral Form



Please email completed forms to [PandE@twfire.gov.uk](mailto:PE.Sunderland@twfire.gov.uk)

Date received: