**Safe and Well Visit Referral**

Please email completed form to **homesafety.centre@wmfs.net** | **homesafety.centre@wmfs.cjsm.net** (Secure Email) or telephone **0800 389 5525**

# Referrer’s details Member ID : 4080

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job role or relationship to occupier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is a joint visit required? Yes ☐ No ☐ If yes, preferred days / times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# About the referred person and their home

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_    Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is the property: Owner Occupied? ☐ Rented? ☐ (please tick)  Are there any working smoke alarms in the property? Yes ☐ No ☐  Is the occupier, or anyone else who lives in their home:   |  |  |  | | --- | --- | --- | | Deaf or very hard of hearing? | Yes ☐ | No ☐ | | Living alone? | Yes ☐ | No | | A single parent with children under 18 years? | Yes ☐ | No ☐ | | Of working age but unemployed for more than 1 year? | Yes ☐ | No ☐ | | A smoker? | Yes ☐ | No ☐ | | Unable to mobilise or escape quickly in an emergency? | Yes ☐ | No ☐ | | A regular user of alcohol or other substances? | Yes ☐ | No ☐ | | A user of medical oxygen? | Yes ☐ | No ☐ | |
| We will contact the occupier to arrange a suitable date and time for our visit. If these arrangements need to be made via yourself or a third party, please indicate below:  Contact via referrer ☐ or Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | Additional Comments: |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Mon | Tue | Wed | Thur | Fri | Sat | Sun | | Morning |  |  |  |  |  |  |  | | Afternoon |  |  |  |  |  |  |  | | Evening |  |  |  |  |  |  |  |   Please indicate the days and times when the occupier  (or nominated contact) is usually available:  **Contact arrangements and availability** |

The information that you have provided will be used by West Midlands Fire Service to contact the occupier or nominated contact to arrange a Safe and Well visit. The Safe and Well visit aims to reduce the risk to fire and other incidents. Our full privacy statement will be provided at our visit and can be found at www.wmfs.net.