***SAFE & WELL MEMBERSHIP APPLICATION***

South Yorkshire Fire & Rescue’s ***Safe & Well*** scheme has been created to improve the safety and wellbeing of members of the community within South Yorkshire. By developing positive and mutually beneficial partnerships with organisations and groups from the Public, Private and Voluntary Sector, the Scheme aims to improve the identification, targeting and risk management of vulnerable and excluded members of the community who may be at an increased risk of fire.

The scheme is entirely voluntary, both in respect of members and service users. The scheme is non-statutory and therefore has no impact on any other requirements that may or may not be applicable to individual organisations who become members.

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| **ORGANISATION DETAILS** |
| **Name of organisation:** |       |
| **Address of organisation:**  |       |
| **Telephone Number:** |       |
| **Email:**  |       |
| **Web Address:** |       |
| **PRINCIPLE CONTACT DETAILS** |
| **Name:** |       |
| **Role:**  |       |
| **Section/Team:** |       |
| **Telephone number:** |       |
| **Email address:** |       |
| **Brief description of the type of services provided:** |       |
| **Approximate number of clients receiving services :** |       |
| **Approximate number of staff :** |       |

**SECTION 1:**

**SAFE & WELL MEMBERSHIP COMMITMENTS**

**SECTION 2:**

I apply for membership of South Yorkshire Fire & Rescue’s **Safe & Well** scheme on behalf of:

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| **will:**1. Actively promote SYFR’s Safe & Well Check (SWC) to service users living within South Yorkshire.
2. Promptly refer all requests received by service users for a SWC to SYFR by calling SYFR’s Hotline or completing the Professional Concern of Fire Safety Referral form.
3. Promptly refer any individuals for a SWC where a professional concern of fire safety has been identified by calling the SYFR Hotline or completing the Professional Concerns of Fire Safety Referral form.
4. Agree to relevant members of staff/volunteers receiving Fire Safety awareness training, provided by SYFR.
5. Ensure, where relevant, service user risk assessments and/or care plans consider Fire Safety in relation to the individual’s environment, behaviours and the risk they pose to themselves and others. \*This may include recommendations stated in SYFR *Sharing Information form.*
6. Where possible, provide a link to SYFR’s website and/or SYFR safety advice on your organisations website or other relevant media.
7. Ensure all relevant staff are made aware of the Safe & Well Scheme and associated commitments.
8. Be permitted to use the Safe and Well logo whilst a member of the scheme.

**South Yorkshire Fire & Rescue will:**1. Assess the priority of all referrals received and arrange a SWC to be carried out within the following timescales: **Very High Risk = 8 Days. High Risk – 21 days. Medium Risk = 60 days**
2. Provide specialist fire safety equipment e.g. flame retardant bedding or throws, deaf alarms etc when specific risks have been identified and professionally assessed.
3. Provide a Sharing Information form to relevant/referring partner when service user and/or property is found to be at increased risk, to enable integration of risk reduction recommendations into care/support plans.
4. Provide monitoring information on the number of referrals received and the number of SWCs conducted as a result of membership of the Safe & Well scheme.
5. Make further referrals to other appropriate agencies where a specific vulnerability or risk has been identified.
6. Advise the partner when SYFR have been unable arrange a SWC with the service user.
7. Advise the partner when a service user and/or property is found to be High Risk and we have been unsuccessful in engaging with service user and/or implementing risk reduction action.
8. Ensure any information recorded is maintained in accordance with the Data Protection Act 1998.
9. Take action to end the partnership if any member of the organisation, or person delivering services on its behalf, brings or is likely to bring disrepute upon SYFR, and reserves the right to cancel membership without notice.
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| Please tick the following box if any additional commitments have been agreed within this partnership and describe within SECTION 3.*[ ]*  |
| **Signature & date of applicant:** |  |
| **Signature & date of GM Community Safety:** |  |

I confirm that I have authority to make this application on behalf of the organisation and agree that the organisation and anyone delivering services or working for the organisation will be made aware of the Safe & Well scheme and associated commitments.

**ADDITIONAL COMMITMENTS**

**SECTION 3**

Please describe any additional commitments within this partnership below, e.g. reciprocal training arrangements and/or referral commitments, attendance at events, meetings etc.

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| **Partner Additional Commitments:**     **South Yorkshire Fire & Rescue Additional Commitments :**      |