**Think Family Referral Form**

Please complete this referral form with as much detail as possible, we will then process the referral so our staff can organise a family fire awareness session with the fire setter and family.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Today’s Date:** |  | | | |
| ***FIRESETTER DETAILS*** | | | | |
| **Male** |  | | **Female** |  |
| **First Name:** |  | | **Surname:** |  |
| **Address:** |  | | | |
| **Postcode:** |  | | | |
| **D.O.B:** |  | | | |
| **What school do they attend?** | |  | | |
| **How many siblings do they have?** | |  | | |
| **Age of siblings?** (if applicable) | |  | | |
| **Please give details of any incidents caused by the fire setter, and any other information we need to be made aware of:**  (Please state if the incident occurred inside or outside, and what was involved) | | | | |
|  | | | | |
| ***PARENT / GUARDIAN DETAILS*** | | | | |
| **Parent / Guardian Name:** | |  | | |
| **Contact Number:** | |  | | |
| ***REFERRER DETAILS*** | | | | |
| **Name:** | |  | | |
| **Job Title:** | |  | | |
| **Organisation Name & Address:** | |  | | |
| **Postcode:** | |  | | |
| **Contact Number:** | |  | | |
| **Are any other agencies involved with the fire setter?** | | Yes  No | | |
| **If yes, please give details:** | |  | | |

Once this form is complete, please send to the Community Safety Department:

By Email: tfs.cs@syfire.gov.uk

By Fax: 0114 2532888

By Post: South Yorkshire Fire & Rescue, 197 Eyre Street, Sheffield, S1 3FG

Please tick to confirm that the fire setter and/or parent have agreed to have their details passed to SYFR, and that we are able to store their data: