



Fire setting Intervention Scheme
Referral Form

Name of young person			
Gender (Please tick)	Male	Female	
Date of birth		Age	
School attending			
Name of parent/guardian			
Contact phone number			
Address			
Property Type	Housing association	Private rent	Owner occupied
	Care Home	Hostel	Other
Does the home have working smoke alarms?	Yes	No	Not sure
Have parents/guardians given consent?	Yes	No	Not sure
Home set up: Who resides at address			
Name of referrer			
Name of agency, Contact Details			
Any other agencies involved with young person			
Dates and details of fire-setting incidents (including source of ignition, location)			
Any other people involved in behaviour? Will they be referred?			
Consequences of behaviour? Injury? Damage? Police involvement? YOS?			



Shropshire Fire and Rescue Service

Are there any barriers to engagement with Fire Service?	(eg: no male/female deliverer, things to avoid mentioning, dislike of uniforms)
Do they have a preferred learning style?	(interactive, games, presentation etc)
Do they have a medical diagnosis that may impact upon their learning?	
Additional information to support initial engagement?	(Hobbies, interests, or personal attributes)
Has Young Person received any intervention previously for fire setting behaviour?	Yes / No: If yes, please provide details
Has the young person been convicted or issued out of court disposal?	Yes / No:
If yes, please provide details of the Youth Offending Service involved.	

YOS USE ONLY:

Offence Classification:	
Preferred JDPM outcome or Order: <i>Please tick</i>	Com Res Caution Conditional Caution YRO Voluntary
Time limit for completion	
Brief details of young person's account: inc admittance or denial	

Once completed, please return this form to Fire.Setters@shropshirefire.gov.uk

Telephone contact: 01743 260200