



# HFSC 1 Referral Form

Fire Care, Child Advisory Scheme. **Initial Referral**

## Office Use Only

Date of Referral

Case Number

## Child's Details

Name

Date of Birth

Age

Gender:

M

F

Address

School Attended

## Person to Contact

Name

Relationship to child

Contact Tel. number

Contact Tel. number

Do You Have a Working Smoke Alarm?

Yes

No

## Referred by

Name

Agency *(please state)*

Tel. number

All the information that you provide us with will be treated in the strictest of confidence and kept securely. The only time when this information may be passed on is when we are legally bound due to concerns about the safety of the child or where a crime has believed to have been committed.

## Fire-Setting History

Single Incident

Multiple Incidents

If multiple incidents, please state number

Place of Incident

Home Only

Out of Home Only

Both Home and Outside Home

Motive(s)

Fire Play

Vandalism

Anger

Racism

Suicide

Fraud

Revenge

Personal Animosity

Crime Concealment

Mental Illness

Others *(please state below)*

Involvement of Others

None

Siblings

Peers

## Brief Details of Fire-Setting

Details *(please give information below)*

Any Incident Number

## Additional Information Prior to Initial Visit

Details *(please give information below)*

Advisor Name (1)

Advisor Name (2)