| Royal Berkshire Fire and Rescue Service crest | FireSafe Referral Form (Children & Young People) |
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To make a referral please complete the form with as much detail as possible and send by secure email to [Safe@rbfrs.co.uk](mailto:Safe@rbfrs.co.uk). By submitting this form to RBFRS the referring agency has ensured that the lawful basis for processing the personal data they are responsible for complies with Data Protection legislation.

## Referrer’s name and role

Click or tap here to enter text.

Organisation: Click or tap here to enter text.

Relationship to young person: Click or tap here to enter text.

Phone No: Click or tap here to enter text. Email address: Click or tap here to enter text.

Address and Postcode: Click or tap here to enter text.

## Young Person’s details

First and Last Name: Click or tap here to enter text.

Name to be known by e.g. nickname or alias: Click or tap here to enter text.

Age: Click or tap here to enter text. Date of birth: Click or tap to enter a date.

Gender: Click or tap here to enter text. Ethnicity: Click or tap here to enter text.

Address and Postcode: Click or tap here to enter text.

Name of school attended: Click or tap here to enter text.

Is the school aware of the referral? Choose an item.

Please indicate any additional needs for consideration:

Special educational needs (SEN)

Learning Difficulties

Sight or hearing loss

Emotional and Behavioural difficulties (EBD)

Differently abled

Language barriers

Other: Click or tap here to enter text.

Please give details of any other agencies working with the young person:

Click or tap here to enter text.

## Parent/Guardian’s details (if different from Referrer)

Are the family aware of the referral? Choose an item.

First and Last Name: Click or tap here to enter text.

Address and Postcode (if different): Click or tap here to enter text.

Phone No: Click or tap here to enter text. Email address: Click or tap here to enter text.

Relationship to young person: Click or tap here to enter text.

Please provide details of other adults and siblings at the same address. Please include the First and Last Name, relationship, age (siblings) and gender:

Click or tap here to enter text.

## Information to support the referral

Please provide details of any concerns, such as any fire related incidents:

Click or tap here to enter text.

## Is there any known risk to the safety of Fire and Rescue staff working with the young person?

Choose an item.

## Your Privacy

Royal Berkshire Fire and Rescue Service (RBFRS) is committed to keeping your personal data private. We shall process any personal data we collect from you in accordance with Data Protection Legislation.

For further information about how we use your personal data, please see our website for the [FireSafe Working with Children and Young People privacy notice](https://www.rbfrs.co.uk/EasySiteWeb/GatewayLink.aspx?alId=4800).

Please send the completed form using secure email to [Safe@rbfrs.co.uk](mailto:Safe@rbfrs.co.uk)