

## Firesetting Intervention Scheme

# REFERRAL FORM

OFFICE USE ONLY		
Case allocated to		Date
Ref No.		PIST

Which Programme?                      Home visit                       Safe                       Firesafe

Date			
Name of child/young person	First name		Surname
Name of parent/guardian	First name		Surname
Address and Unitary Authority			
Telephone			
Date of birth/age		Gender	Ethnicity
Preferred language			

Please place a **X** in the corresponding box

### Details of Fire Setting History

- |  |   |
|--|---|
| <input type="checkbox"/> Own home                                    | <input type="checkbox"/> School (please state inside or out)    |
| <input type="checkbox"/> Business (please state what business) ..... |   |
| <input type="checkbox"/> Residential property                        | <input type="checkbox"/> Rubbish <input type="checkbox"/> Grass |
| <input type="checkbox"/> Vehicle                                     | <input type="checkbox"/> Other (please state) .....             |

### Motive

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Boredom                    | <input type="checkbox"/> Curiosity/to watch it burn | <input type="checkbox"/> Attention seeking       |
| <input type="checkbox"/> Vandalism                  | <input type="checkbox"/> Revenge                    | <input type="checkbox"/> Concealing evidence     |
| <input type="checkbox"/> Insurance fraud            | <input type="checkbox"/> Financial reward           | <input type="checkbox"/> Political purposes      |
| <input type="checkbox"/> Re-housing                 | <input type="checkbox"/> Mental health              | <input type="checkbox"/> To destroy certain item |
| <input type="checkbox"/> Other (please state) ..... |   |  |

### Company

- |  |  |
|--|--|
| <input type="checkbox"/> Alone           | <input type="checkbox"/> With a group of others                    |
| <input type="checkbox"/> With one other  | <input type="checkbox"/> Have others been referred to Fire Service |
| <input type="checkbox"/> With two others |  |

### Contact Details for Referrer:

**South Wales**  
Fire and Rescue Service



Gwasanaeth Tân ac Achub  
**De Cymru**

**Other information**

Frequency of firesetting? .....

Does the young person deny the firesetting? Yes  No

What happened after the fire was set? (panic, run away, put it out, called 999?)  
.....  
.....

Any other relevant info/did fire service attend? .....

Has direct reparation been agreed? Yes  No

Has the young person been convicted for Arson? Yes  No

Has victim been contacted? Yes  No

**Family Status**

- Live alone
- Living with both parents
- Living with just mother or father
- Foster Care
- Living in LA Care
- Other
- Medication
- Numeracy and literacy Issues .....
- Behavioural issues .....
- Any disabilities? .....
- Has the home got smoke alarms? Yes  No

Current availability to attend sessions (school,training,employemt, custody?)  
.....

Any Involvement with other agencies? .....

Has referral agency got a risk assessment on visiting the home? .....

Are there any significant risk factors to working with this young person or their family?  
.....

Please return marked CONFIDENTIAL to:

**Firesetting Intervention Scheme**

Community Safety, Forest View Business Park, Llantrisant, CF72 8LX.

Tel: 01443 232416/2436 Fax: 01443 232418 Email: [fis@southwales-fire.gov.uk](mailto:fis@southwales-fire.gov.uk)

South Wales  
Fire and Rescue Service



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