

## Child Injury Prevention: Part B: Home Safety Equipment Referral – Feb 21 v4

Contact Details (of the parent/carer/guardian)							
<b>Name</b>				<b>Address</b>			
				<b>Postcode</b>			
<b>Home Telephone</b>		<b>Mobile</b>		<b>Best time of day to phone</b>			
<b>Gender (Please circle)</b>	Male		Female	<b>Age group in years (please circle)</b>	Under 18	18-20	21-24
	Other		Prefer not to say		25-29	30-34	35-39
					40-44	45-50	50+
Referrer Details							
<b>Practitioner's Name and Role</b>				<b>Practitioner's Workplace and phone number</b>			
<b>Practitioner's e-mail</b>				<b>Date of referral</b>			
<b>Has a Home Safety Assessment been completed? (Part A)</b> <i><b><u>This must be completed before a referral for equipment can be submitted</u></b></i>					Yes	No	
Any additional information that would be relevant for the installers to know?							
Information about the home (Please tick appropriate boxes below)				Information about the Household (Please enter numbers in boxes below)			
<b>Tenure</b>		<b>Property Type</b>		<b>Total no. living in household</b>			
Owner Occupied	<input type="checkbox"/>	Detached/Semi Detached	<input type="checkbox"/>	<b>No. of children in family</b>			
Tenant - Housing Association	<input type="checkbox"/>	Terraced	<input type="checkbox"/>	<b>Please enter number of children within the age ranges below</b>			
Tenant - Private Let	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Under 2 Yrs.	<input type="checkbox"/>	4-11 Yrs.	
Tenant – Other	<input type="checkbox"/>	Flat	<input type="checkbox"/>	2-4 Yrs.	<input type="checkbox"/>	11+ Yrs.	
Other (please state)	<input type="checkbox"/>	Other	<input type="checkbox"/>	<b>Age of youngest child (in months)</b>			
<b><u>If the parent/carer/guardian is a tenant, written consent to fit equipment must be provided from the homeowner</u></b>							
Name & address of Housing Association/Landlord (where applicable):							
<b>Note:</b> Landlord permission will be sought by Public Health & Wellbeing however landlord contact details must be written above, incomplete contact details will cause a delay in the processing of the referral.							

Ethnicity of the parent/carer/guardian (please tick)					
Arab		Asian/Asian British – Other		Mixed/Multiple Ethnic Groups – White & Black African	White Gypsy or Traveller of Irish Heritage
Asian/Asian British – Bangladeshi		Black/African/Caribbean/Black British - African		Mixed/Multiple Ethnic Groups – White & Black Caribbean	White Roma
Asian/Asian British – Indian		Black/African/Caribbean/Black British - Caribbean		Mixed/Multiple Ethnic Groups – Other	White Other
Asian/Asian British – Pakistani		Black/African/Caribbean/Black British - Other		White British (English/Welsh/Scottish/Northern Irish)	Other Ethnic Group
Asian/Asian British – Chinese		Mixed/Multiple Ethnic Groups – White & Asian		White Irish	Prefer not to say
Does the parent/carer/guardian consider themselves to be disabled? (please tick)					
No					
Yes - Physical impairment, such as difficulty using arms or mobility issues which may mean using a wheelchair or crutches					
Yes - Sensory impairment, such as being blind / having a serious visual impairment or being deaf / have a serious hearing impairment					
Yes - Mental health condition, such as depression, anxiety or schizophrenia					
Yes - Learning disability/difficulty (such as Down's Syndrome, dyslexia, dyspraxia) or cognitive impairment (such as autistic spectrum disorder)					
Yes - Long standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy					
Yes - Other (please state):					
Prefer not to say					
Eligibility of the parent/carer/guardian (must be able to tick 3 or more)					
Eligibility Criteria					Tick which applies
1a.	Families with one or more children under 2				
1b.	Please state how many children in the family under 4				No:
2.	A child that has had an injury or near miss accident				
3.	Lone parent, carer or guardian				
4a.	In receipt of benefits (if yes please tick below those that apply)				
4b.	Income Support			Income Support Jobseekers Allowance	
	Income-related Employment and Support Allowance			Under Part VI of the Immigration and Asylum Act 1999	
	Support the guaranteed element of Pension Credit			Child Tax Credit (provided not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)	
	Working Tax Credit run-on – paid for 4 weeks after you stop qualifying for Working Tax Credit			Universal Credit	
				Other (Please State)	
5.	Living in a Priority Neighbourhood: Cadbury Heath, Kingswood, Patchway, Staple Hill, Yate and Doddington				
6.	Families living in overcrowded conditions				
7.	Children with special, education needs and disabilities (SEND)				
8.	Other please state:				

Equipment Required (please refer sensibly)	Number	Location	
Safety Gate (max 2 unless exceptional circumstances) <i>Please note safety gates will not be fitted on stairs</i>			
Fireguard			
Window Restrictors ( <i>please assess whether these are already present before requesting</i> )			
Cupboard Catches			
Drawer Catches			
Blind Cord Cleats			
Please complete this information for the installers		Yes	No
Has the home been visited for <b>the purpose of this referral</b> ? (this is essential before making a referral)			
Does the parent/carer have any additional needs that the installer needs to be aware of when visiting? (e.g. health issues, hearing or visual impairment, English as an additional language)			
Are there any known risk factors in the home? (e.g. alcohol and drug misuse, domestic abuse, aggressive/threatening behaviour, weapons, animals, lack of mobile phone signal, unsafe approach)			
Does anyone smoke in the home?			
The parent/carer has been informed to check the installers ID when they visit.			
The parent/carer is aware that all children must be supervised whilst the installer is fitting the equipment.			
Additional Information		Yes	No
Will you be making a referral to Avon Fire and Rescue Service (AFRS) for a Home Fire Safety Visit? Please visit website for more information on how to book: <a href="http://www.avonfire.gov.uk/our-servcies/home-fire-safety-visits">www.avonfire.gov.uk/our-servcies/home-fire-safety-visits</a>			

### Parent/Carer/Guardian agreement

1. I agree that my details can be given to South Gloucestershire Public Health and Wellbeing Division so that they can process and monitor my referral and evaluate the scheme.
2. I agree that my details can be given to the installers so that they can contact me to fit the equipment.
3. I agree to reply when contacted about the scheme and to be at the property for the time and duration of the visit.
4. I understand that safety gates are only recommended up to the age of 24 months. Note: Safety gates should only be used to protect children under the age of 24 months from access to hazards and other areas as this is the age to which the gate standard is tested.
5. I understand that it may not be possible to complete the job if the equipment requested cannot be installed, equipment will only be installed if and when it is safe to do so.
6. I am happy to be contacted for evaluation purposes following the successful fitting of equipment.
7. I agree that my details may be shared, with Avon Fire and Rescue, if ticked yes on this form.
8. I understand that all information will be held for 6 years following the installation of the equipment, will comply with the Data Protection Act (2018) and will be kept confidential unless observations during the visit need to be shared. Should you wish to know more about how we look after your personal information please visit [www.southglos.gov.uk/privacy](http://www.southglos.gov.uk/privacy)
9. I understand that South Gloucestershire Council will not be responsible for any future maintenance of the equipment, making good the area where equipment has been fitted or any legal consequence arising out of the failure or provision of the equipment.
10. I confirm that I am the owner or tenant of the property and if the latter I have provided my landlords details to allow consent to be sought from them for equipment to be fitted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please securely email (using an nhs.net or southglos.gov.uk address) this form to [publichealthhomesafety@southglos.gov.uk](mailto:publichealthhomesafety@southglos.gov.uk) or post it to Home Safety Equipment Scheme, Public Health and Wellbeing, South Gloucestershire Council, Department for Children, Adults and Health, PO Box 1955, Bristol, BS37 0DE

**Note: The referral cannot be sent to Public Health & Wellbeing without landlord/housing association details to enable written permission to be sought.**

**To be completed by the installer after the equipment has been installed**

Equipment	Quantity Needed	Equipment Fitted				Equipment not fitted	
		Quantity	Location	Batch Number	Make and Model	Quantity	Reason
Safety Gate							
Fireguard							
Window Restrictors							
Cupboard Catches							
Drawer Catches							
Blind Cord Cleats							
Has guidance and a demonstration been given on how to use the equipment provided?							Yes/No

**Parent/Carer/Guardian agreement**

- I agree that my details can be given to South Gloucestershire Public Health and Wellbeing Division so that they can process and monitor my referral and evaluate the scheme.
- I understand that safety gates are only recommended up to the age of 24 months.  
Note: Safety gates should only be used to protect children under the age of 24 months from access to hazards and other areas as this is the age to which the gate standard is tested.
- I understand that all information I have given will be kept confidential and may be used for evaluation purposes by South Gloucestershire Council.
- I understand that I am responsible for maintaining the equipment after it has been installed. South Gloucestershire Council will not be responsible for any future maintenance of the equipment, making good the area where equipment has been fitted or any legal consequence arising out of the failure or provision of the equipment.
- I confirm that I am the owner or tenant of the property and if the latter I have provided my landlords details to allow consent to be sought.
- I understand that if I move, I will be responsible for moving the equipment to my new home and requesting another referral if needed.
- I understand that all information will be held for 6 years following the installation of the equipment, will comply with the Data Protection Act (2018) and will be kept confidential unless observations during the visit need to be shared. Should you wish to know more about how we look after your personal information please visit [www.southglos.gov.uk/privacy](http://www.southglos.gov.uk/privacy)
- I am happy to be contacted for evaluation purposes following the successful fitting of equipment.

Name of Parent, Carer or Guardian	Name of Installer
Signature of Parent, Carer or Guardian	Signature of Installer
Date	Date
Postcode Identifier of Parent, Carer or Guardian	