

Child Injury Prevention: Part B: Home Safety Equipment Referral

Contact Details			
Name of parent/carer/guardian			Practitioner's Name and Role
Address	Postcode:		Practitioner's Workplace and phone number
Home Telephone		Mobile	Practitioner's e-mail
Best time of day to phone			Date of Referral
Form completed by			
Has a Home Safety Assessment been completed? (Part A) <u><i>This must be completed before a referral for equipment can be submitted</i></u>			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)		
Tenure	Property Type	Total no. living in household		
Owner Occupied	Detached/Semi Detached	No. of children in family		
Tenant - Housing Association	Terraced	Please enter number of children within the age ranges below		
Tenant - Private Let	Bungalow	Under 2 Yrs.	4-11 Yrs.	
Tenant – Other	Flat	2-4 Yrs.	11+ Yrs.	
Other (please state)	Other	Age of youngest child		

If the parent/carer/guardian is a tenant, written consent to fit equipment must be provided from the homeowner

Name & address of Housing Association/Landlord (where applicable):

Note: 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.

Ethnic origin of the children for whom the equipment is being fitted				
Arab		Black/African/Caribbean/ Black British - African		Mixed/Multiple Ethnic Groups – White & Black Caribbean
Asian/Asian British – Bangladeshi		Black/African/Caribbean/ Black British - Caribbean		Mixed/Multiple Ethnic Groups – Other
Asian/Asian British – Indian		Black/African/Caribbean/ Black British - Other		White British (English/ Welsh/Scottish/Northern Irish)
Asian/Asian British – Pakistani		Gypsy or Traveller of Irish Heritage		White Irish
Asian/Asian British – Chinese		Mixed/Multiple Ethnic Groups – White & Asian		White Other
Asian/Asian British – Other		Mixed/Multiple Ethnic Groups – White & Black African		Other Ethnic Group
				Prefer not to say

Eligibility of the parent/carer/guardian (must be able to tick 3 or more)

Eligibility Criteria		Tick which apply	
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 you're 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)			
Fireguard			
Window Restrictors			
Cupboard Catches			
Drawer Catches			
Blind Cord Cleats			
Please complete this information for the installers		Yes	No
Has the home been visited? (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: www.avonfire.gov.uk/our-services/home-fire-safety-visits			

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
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) Part B of this form to 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.

Section 2: To be completed by the **installer** after the equipment has been installed

Equipment Requested	Number	Location	Equipment Fitted	
			Batch Number	Make and Model
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

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 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.
3. I understand that all information I have given will be kept confidential and may be used for evaluation purposes by South Gloucestershire Council.
4. 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.
5. 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.
6. I understand that if I move I will be responsible for moving the equipment to my new home and requesting another referral if needed.
7. 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
8. 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	