**4LSAB Fire Safety Development Group**

**Referral form for a Fire Safety Development Group Case Review**

The following should be considered when deciding whether to make a referral for an FSDG review, and please refer to these when completing section one, stating why it is considered that the criteria for review has been met within this case.

**Referral Criteria:**

* Fatality involving a fire
* Fire resulting in life-threatening, life changing or serious injuries
* Fire resulting in near miss, when individual has / suspected needs of care of support
* Death, serious injury or near miss (any type not just fire related) involving an individual where high fire risks are identified and may have contributed.

**Please provide the following information in full and send the form securely to** **safeguarding@hantsfire.gov.uk**

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| **Section 1 – Details of Individual** |
| Name of Individual |  |
| Date of Birth |  |
| Address |  |
| Date of incident |  |
| Address of incident if different from place of residence |  |

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| **Section 2** |
| **Please provide an overview of the incident details:** |  |

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| **Section 3** |
| **Please provide an overview of known vulnerabilities of the individual:** |  |

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| **Section 4** |
| **Please provide details of any Services or Organisations this individual was / is known to:** |  |

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| **Section 5** |
| **Has the case been referred to the local LSAB Learning and Review Sub-Group? (SAR, Partnership Review etc)** | Yes/No |

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| **Section 6 – Details of referrer** |
| Name of referrer |  |
| Job Title |  |
| Employed By |  |
| Address |  |
| Telephone number |  |
| Email Address |  |

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| ***Section 7 – Consent*** |
| Is the individual aware of the referral to the FSDG? | **Yes / No** |
| Has the individual consented to this referral being submitted? | **Yes / No** |

***For completion by the Fire Safety Development Group.***

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|  | Decision  | Date |
| Recommendation of the FSDG Sub Group  |  |  |
| Decision of FSDG Chair |  |  |