FIRE AWARENESS AND INTERVENTION PROGRAMME

REFERRAL FORM

Date:			Time:
Child's Name:			Ethnicity:
Age		Residence: Home Y / N Institution Y / N	Prior incidents attended by Fire and Emergency NZ Y / N
D.O.B			
Gender	M / F		
Parent's Name: (*or caregiver*) Address: Phone:			
Date fire-setting occurred?		Home alone? Y / N	
Where did the fire-setting occur? Home: School: Other: *(describe)*		Y / N Y / N	
Details of the fire: What was burnt, extent of damage etc…? Fire #?			
Why did the fire-setting occur (motivation)? Possibly because ….			
Any further data?			

Name of person forwarding referral	Phone contact
Title if appropriate	REGION - indicate closest area
	1. Northland / Auckland 2. Hamilton / Tauranga / Gisborne / Taupo 3. New Plymouth/Napier/ Palmerston Nth / Wgtn 4. Nelson / Christchurch / Timaru / West Coast 5. Oamaru / Dunedin / Queenstown/Invercargill

Please forward by e-mail to FAIP@FireandEmergency.nz

(v1.0)