

**The DaCCWA Feel Safe Scheme is supported by Devon & Cornwall Police and Cornwall Fire & Rescue Service.**

**DaCCWA Feel Safe Scheme Referral Form**

**All referrals will be assessed by trained Feel Safe Scheme Co-ordinators and not all applications will be successful. Referrals will also only be considered for ‘small works’ to property or grounds. It is important that the individual you are making this referral on behalf of fully understands this.**

**For more information about the DaCCWA Feel Safe Scheme go to www.daccwa.org.**

Completed forms should be emailed to:

|  |
| --- |
| **About the Individual making the Referral** |
| Name |  |
| Shoulder Number (if applicable) |  |
| Agency/Organisation |  |
| Contact Telephone Number  |  |
| Email Address |  |
| Date of Referral |  |
| **About the Individual you are referring to the Feel Safe Scheme** |
| Title and First Name/s |  |
| Surname |  |
| Address  |  |
| Postcode |  |
| Contact Telephone Number |  |
| Age (approx.) |  |
| Description of Vulnerability |  |
| Why are you referring them? What specifically is it about the individual’s home/grounds that is making them feel unsafe? |  |
| Type of work needed/requested |  |
| If work was to be completed, how would it make them feel safe? |  |
| The type of property where a request for work is to be carried out *(please tick):* |
| Privately Owned  |  | Registered Social Housing |  |
| Shared Ownership |  | Other  |  |
| Privately Rented |  |  |
| Name and contact details for the housing provider/landlord |  |
| Are they in receipt of a means tested benefit? *(please tick)* | Yes |  | No |  |
| As part of this Scheme, they are required to have a free Home Fire Safety Visit *(please tick)* | Yes, they would like one | No, they have recently had one |
| Are there any risks or issues at the property that FSS visitors should be aware of? |  |

In line with GDPR rulings, all information supplied will only be used in relation to the referral to the DaCCWA Feel Safe Scheme. The information provided will be processed by the DaCCWA Feel Safe Scheme and its partner agencies only. For more information on how this data will be used, please see the Feel Safe Scheme Protocol on the DaCCWA website at www.daccwa.org.

If, in the future, you wish to update the details you have given above or have your data removed from our records, please send your request to DaCCWA Head Office via daccwa@devonandcornwall.pnn.police.uk.

By signing below, you acknowledge that you have read and fully understand how your data will be used.

**Referred Individual:**

|  |  |
| --- | --- |
| Signed |  |
| Print Name |  |
| Date |  |

**Witnessed By:**

|  |  |
| --- | --- |
| Signed |  |
| Print Name |  |
| Date |  |
| Relationship to Referred Individual |  |

**Office Use ONLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received |  | Received By |  |
| Email Acknowledgement Issued |  | Reference Number |  |