



Child Safety Equipment Scheme

Referral form for professionals

Parent/carer name and Address:

Postcode:

Is this a house or a flat?

Telephone number:

Baby/child's name and date of birth:

Is this a teenage parent?

Family's ethnicity (self- defined)

Is this a single parent family?

Yes

No

Household Benefits (please tick all that apply)

Income Support

Disability Living Allowance

Working Tax Credit

Housing Benefit

Employment Support Allowance

Other

What are the reasons for this referral? (please tick)

Parent/Carer unable to afford

Lack of child safety awareness

Previous history of accidents

A paragon has been issued

Is there a EHA

CIN

CPPLAN

OTHER

Details of referrer: Name

Position

Telephone no:

Email address:

Children's Centre:

What are your concerns regarding home safety for this family?

Is there any other information we might need? E.g. aggressive dogs, safety issues for children, adults or visitors.