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**Threat of Arson (TOA) Referral Form**

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| By submitting this form to the Fire and Rescue Service, Thames Valley Police or the Referring Agency has ensured the lawful basis for processing the personal data they are responsible for complies with the Data Protection Legislation. On receipt of this referral, the Fire and Rescue Service will attempt to make direct contact with the individual and/or TVP Officer/Agency as appropriate. When a visit is declined or the FRS is unable to make contact with the individual, this information will be securely sent back to Thames Valley Police/Referring Agency. |

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| **THAMES VALLEY POLICE / REFERRING AGENCY INFORMATION** | | | | | | | |
| **Is the Victim aware of this Referral:** | | **Yes** | |  | | **No** |  |
| **Person / Officer Reporting (OIC):** | Click to enter text | | **Mobile Number:** | | Click to enter text | | |
| **Email Address:** | Click to enter text | | **Department:** | | Click to enter text | | |
| **URN:** | Click to enter text | | **Date:** | | Click to enter a date. | | |
| **Alternative Person / Officer**  **(if OIC off Duty):** | Click to enter text | | **Mobile Number:** | | Click to enter text | | |

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| **DETAILS OF VICTIM** | | | | | |
| **Name:** | Click to enter text | | **Alias:** | Click to enter text | |
| **Date Of Birth:** | Click to enter text | | **Gender:** | Choose an option | |
| **Ethnicity:** | Choose an option | | **Mobile Number:** | Click to enter text | |
| **Address:** | Click to enter text | | | **Private** |  |
| **Postcode** | Click to enter text | | **Business** |  |
| **Additional Addresses at Risk:** | Click to enter text | | | **Private** |  |
| **Postcode** | Click to enter text | | **Business** |  |
| **Reason for referral:** | Click to enter text | | | | |

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| **RISK INFORMATION** | | | | | |
| **Is the Perpetrator in Custody or Prison?** | | **Y** |  | **N** |  |
| **If Yes please provide Release Date (if known):** | | Click to enter a date. | | | |
| **Is it Safe for Fire and Rescue Staff to Attend the Property in Marked Vehicles?** | | **Y** |  | **N** |  |
| **Is it Safe for Fire and Rescue Staff to Attend the Property in Uniform?** | | **Y** |  | **N** |  |
| **Is there a Current Risk to Fire and Rescue Staff?** | | **Y\*** |  | **N** |  |
| **\*If Yes:** provide details of the risk to Fire and Rescue staff | Click to enter text | | | | |
| **Reason for referral:** | Click or tap here to enter text. | | | | |
| **\*\*Information relating to Additional Risk OR any other Risks known:** | Click to enter text | | | | |

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| **FOR INTERNAL USE ONLY** | | | | | | | | |
| **DUTY OFFICER / DUTY GROUP COMMANDER** | | | | | | | | |
| **Name of Duty Officer / Duty Group Commander:** | | | Click to enter text | | | | | |
| **Date and Time of Call:** | | Click to enter text | **TVFCS Incident Log Number:** | | | Click to enter text | | |
| **Handed Over to:** | Click to enter text | | | **Date** | Click to enter a date. | | **Time** | Click to enter text |

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| **RISK TO STAFF** | | | | | | | | | | |
| **Please complete the below Dynamic Risk Assessment based on the information  gained from TVP.**  **This should inform allocation of resources.** | | | | | | | | | | |
| **IF APPROPRIATE:** | | | | | | | | | | |
| **Has a Joint Visit been Arranged?** | | | | | | **Y** |  | **N** | |  |
| **Has an Unmarked Vehicle been Identified?** | | | | | | **Y** |  | **N** | |  |
| **Have Staff been Informed to Attend in Non-Uniform?** | | | | | | **Y** |  | **N** | |  |
| **Number of Fire and Rescue Staff Attending:** | | | Click to enter text | | | | | | | |
| **Name of Individuals:** please consider appropriate lone working arrangements | | Click to enter text | | | | | | | | |
| **Duty Officer MUST ensure Fire and Rescue Staff Attending  are Aware of Lone Working Policy** | | | | | | | | | | |
| **Have Fire and Rescue Staff Attending received Information on this Form?** | | | | | | **Y** |  | **N** | |  |
| **If No:** please explain? | Click to enter text | | | | | | | | | |
| **Visit Completed:** | | | | **Date** | Click to enter a date. | | **Time** | | Click to enter text | |
| **Was this Visit Completed in 48 Hours?** | | | | | | **Y** |  | **N** | |  |
| **If No:** reasons for this eg. staff safety, referral received via incorrect route, etc. | Click to enter text | | | | | | | | | |
| **Visit Declined:** | | | | **Date** | Click to enter a date. | | **Time** | | Click to enter text | |
| **Feedback Post Visit:** please include reasons if visit is DECLINED | Click to enter text | | | | | | | | | |
| **Staff Attending:** completed visit paperwork and scanned to appropriate departments - please see Organisational Chart | | | | **Date** | Click to enter a date. | | **Time** | | Click to enter text | |
| **Staff Attending:** completed Safeguarding paperwork and sent to Duty Officer / Duty Group Commander and Safeguarding Team | | | | **Date** | Click to enter a date. | | **Time** | | Click to enter text | |
| **Duty Officer / Duty Group Commander:** emailed completed version of Threat of Arson Form securely back to TVP Referring Officer (email above) | | | | **Date** | Click to enter a date. | | **Time** | | Click to enter text | |
| **Duty Officer / Duty Group Commander:** completed TVFCS02 Request to Change Mobilising System Form (if necessary) | | | | **Date** | Click to enter a date. | | **Time** | | Click to enter text | |