



This form is to be completed by the applicant or referral agency, then faxed to the nearest Fire Station. Find your local fire station contact details by via [www.fire.nsw.gov.au](http://www.fire.nsw.gov.au) > Home > Contact Us > [Find a Fire Station](#)

**Participant Details**

First name \_\_\_\_\_ Surname \_\_\_\_\_ Title \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Why does this person qualify?**

- Elderly resident
- Mobility restricted resident
- Deaf or hard of hearing
- Other \_\_\_\_\_

**Who is the partnering agency?** \_\_\_\_\_

Contact details \_\_\_\_\_

**What does the person require?**

- Smoke alarm check
- Home fire safety advice

Comments \_\_\_\_\_

**Does the participant require an interpreter?**  Yes  No

If yes, please arrange for an English or Auslan speaking family member or friend to be present.

Name of Interpreter \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to participant \_\_\_\_\_

**For completion by Fire & Rescue NSW Officers ONLY**

Date of completion: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ No. Smoke Alarms: \_\_\_\_\_ No. Batteries: \_\_\_\_\_

Comments: \_\_\_\_\_

Name of Officer: \_\_\_\_\_ Rank: \_\_\_\_\_ Stn No.: \_\_\_\_\_

Signature: \_\_\_\_\_ CARS ID #: \_\_\_\_\_

*Please return this form to the referral agency on completion. You don't need to keep a copy on file at your station.*

For further information about this form or the Home Fire Safety Check program, please contact Fire & Rescue NSW's Community Engagement Unit on (02) 9742 7179 or email: [ceu@fire.nsw.gov.au](mailto:ceu@fire.nsw.gov.au)

