

Early Years Home Safety Scheme Application for Resources

The Home Safety Equipment Scheme provides safety equipment to those families where practitioners have identified a safety risk that the family are unable to address. When making an application please consider that resources are limited and should be targeted at those families most in need. Also, in line with BS EN Standard 1930:2000 we are unable to authorise allocation of a safety gate to families where there is not a child under the age of 36 months.

Please note, resources will not be allocated without a completed application form, all sections **must be completed.**

Requested by _____ Designation _____

Service _____ Tel _____

Email _____ Date of Request _____

Family Contact Details

Name _____

Address _____

Postcode _____

Tel _____

Tenancy Council ☐ Social ☐ Private Rent ☐ Homeowner ☐

Key Referral Criteria

All families **must** meet at least one of the key criteria for home safety:

<i>Child Protection</i>	<input type="checkbox"/>
<i>Low Income</i>	<input type="checkbox"/>
<i>Engagement in Criminal Justice System</i>	<input type="checkbox"/>
<i>Looked After or Kinship Care</i>	<input type="checkbox"/>
<i>Mental Health Issues (including Post-Natal Depression)</i>	<input type="checkbox"/>

Other factors:
(please tick all that apply)

<i>Domestic Abuse</i>	<input type="checkbox"/>
<i>Drug/Alcohol Misuse</i>	<input type="checkbox"/>
<i>Homeless/Temporary Accommodation</i>	<input type="checkbox"/>
<i>Lone Parent</i>	<input type="checkbox"/>
<i>Minority Ethnic Family</i>	<input type="checkbox"/>
<i>Physical Health</i>	<input type="checkbox"/>
<i>Risk/Neglect</i>	<input type="checkbox"/>
<i>Socially Excluded</i>	<input type="checkbox"/>
<i>Travelling Family</i>	<input type="checkbox"/>
<i>Young Parent</i>	<input type="checkbox"/>
<i>Other (please specify)</i> _____	

Family Information

Please identify the number of children who will benefit from the equipment:

0-12
months
☐

12-24
months
☐

24-36
months
☐

3-4
years
☐

4-5
years
☐

5-6
years
☐

6 years +
☐

Request Information

Please identify the equipment requested:	Equipment	Quantity	Approved (Office Use Only)
	Stair gate <input type="checkbox"/>		
	Safety pack <input type="checkbox"/>		
Please indicate why the family requires support from the Early Years Home Safety Scheme:			
Any other information/ comments:			

Office Use Only

Application Received	Date
Request Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirmation of Approval	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date Sent
Equipment Fitted/Delivered	Date
What other home safety advice or equipment was discussed/issued?	
Any Other Information	

Please complete the Home Safety Form and return to:

SCT@pkc.gov.uk

or

Safer Communities Team

Perth Fire Station
401 High Street
PERTH
PH1 1PL

Tel 01738 476173

Jennifer McOmish

Safer Communities Officer
Direct Dial 01738 472565

How We Use Your Personal Information

The information provided by you will be used by Perth & Kinross Council to inform reports and evaluating practice. The information will not be disclosed to third parties.

The Council may check information provided by you, or information about you provided by a third party, with other information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.

For further information, please look at our website www.pkc.gov.uk/dataprotection or email DataProtection@pkc.gov.uk or telephone 01738 477933.

If you or someone you know would like a copy of this document in another language or format, (on occasion, only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000.

You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.

www.pkc.gov.uk

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