

# 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:

- Child Protection*
- Low Income*
- Engagement in Criminal Justice System*
- Looked After or Kinship Care*
- Mental Health Issues (including Post-Natal Depression)*

Other factors:  
 (please tick all that apply)

- Domestic Abuse*
- Drug/Alcohol Misuse*
- Homeless/Temporary Accommodation*
- Lone Parent*
- Minority Ethnic Family*
- Physical Health*
- Risk/Neglect*
- Socially Excluded*
- Travelling Family*
- Young Parent*
- Other (please specify)* \_\_\_\_\_

## 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](http://www.pkc.gov.uk/dataprotection) or email [DataProtection@pkc.gov.uk](mailto:DataProtection@pkc.gov.uk) or telephone 01738 477933.

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

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[www.pkc.gov.uk](http://www.pkc.gov.uk)

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