



Self-Referral Application for Group Programme

This form can be completed with your GP, Social Worker, Probation Officer etc, if any of these agents are referring you to the programme. If you are referring yourself, please leave blank the boxes marked with an asterisk (*).

Please return to your local MOVE group or send to:

MOVE Ireland, First Floor, Clare Road Business Mall, Clare Rd, Ennis, Co. Clare. Tel no. 065 684 8689

*Details of Referring Agent

Name:
Agency:
Contact Tel No:

Details of Prospective Group Participant

Your Name:	
Your Address & Contact Tel No:	
Court Orders/Convictions related to Domestic Violence:	Dates:
Why are you referring yourself/this man?	
Brief description of violence to partner:	
To what extent do you/does he acknowledge this use of violence in your/his relationship?	
What do you/does he hope to achieve by attending the MOVE programme?	

I confirm the information above and agree that it can be conveyed to MOVE.

Signed: _____
(Applicant)

Date: _____

*Witnessed: _____
(Referring Agent)

Date: _____

