



Self-Referral Form

Which MOVE Group are you referring yourself to _____

1. CLIENT DETAILS

| | |
|--------------------------|--|
| Name | |
| Date of Birth | |
| Address | |
| | |
| Telephone Numbers | |
| Email Address | |
| Ethnicity | |

2. Do you have any of the following needs/issues?

| <i>Please Indicate which of the following apply</i> | Please Tick |
|--|--------------------|
| Dyslexia/ Literacy Difficulties | |
| Mental Health Difficulties | |
| Drug/Alcohol Issues | |
| If any of the above needs/issues are identified, please provide additional details. | |
| | |

| |
|--|
| <p>STATUS OF PARTNER RELATIONSHIP: <i>Please tick the status of the current partner/ex-partner relationship.</i></p> <p>MARRIED.....COHABITING..... DIVORCED.....SEPERATED.....OTHER....</p> |
|--|

3. COURT ORDERS AND CHILD CONTACT/CHILD SAFEGUARDING ARRANGEMENTS.

Please tick any areas that apply and provide as much information as possible

| | |
|---|-------------|
| <p>a) Are there any court orders prohibiting you from having contact with your partner? State type of order and provide details.</p> | Tick |
| <p>b) Are there any ongoing court proceedings? i.e criminal, access contact, divorce. Please provide details</p> | |
| <p>c) Are there any past criminal convictions?</p> | |

| | |
|--|--|
| d) Is there any involvement with the family by other agencies? <i>If yes, please provide details.</i> | |
|--|--|

4. Reasons for referral

| |
|--|
| a) Why are you referring yourself to MOVE? <i>i.e. History of domestic abuse, Causes of concern</i> |
| b) Description of abuse to partner <i>i.e. Type, level and frequency of domestic abuse</i> |
| c) To what extent do you acknowledge this use of abuse in your relationship? |
| d) What do you hope to achieve by attending the MOVE programme? |

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

Signed: _____ Date: _____ (Prospective group participant)

Completed referral should be posted or emailed to:

| | |
|---|--|
| MOVE Dublin Swords, Dublin City and Tallaght, MOVE Meath Ian McLaughlin Dublin Coordinator MOVE Ireland Carmichael House, Brunswick Street, Dublin 7 Email: ianmclaughlin@moveireland.ie Ph No: 0864149591 | MOVE Cork John Russell Cork Coordinator MOVE Ireland C/O Probation Service St Nicholas Church Cove Street Cork Email: movecork@gmail.com Ph No:0656044047 |
| MOVE Sligo, Midlands, Galway Ewa Fitzgerald Mid-West Coordinator MOVE Ireland Unit 2 First Floor, Clare Business Centre, Clare Rd Ennis Co. Clare Email: ewa@moveireland.ie Ph No. 0858748108 | MOVE Limerick/ Clare, North Tipperary and Kerry Anne McMahan South-West Coordinator MOVE Ireland, Unit 2 First Floor, Clare Business Centre, Clare Rd Ennis Co. Clare Email: annemcmahan@moveireland.ie Ph No:0864149613 |