



Agency Referral Form

This form is to be completed by the referring agency.

Please indicate which MOVE group your client wishes to be referred to

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1. REFERRER DETAILS

Name of Referrer		Date:	
Agency			
Address			
Telephone Numbers			
Email Address			

2. CLIENT DETAILS

Client Name	
Date of Birth	
Address	
Telephone Numbers	
Email Address	
Ethnicity	

Does the client 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.	

Please confirm that the client is aware of the referral	
Please confirm that consent has been gained to share information.	

3. PARTNER/EX-PARTNER

Name of partner/ ex-partner. Please provide contact details for the partner or ex-partner. We require this information so that we can offer her support whilst the man is on the programme.

(or both partner and ex partner if known)

Name	
Address	
Telephone Numbers	
Email Address	

STATUS OF PARTNER RELATIONSHIP: Please tick the status of the current partner/ex-partner relationship.

MARRIED.....COHABITING..... DIVORCED.....SEPERATED.....OTHER....

PREVIOUS DOMESTIC VIOLENCE INTERVENTIONS FOR PARTNER/EX-PARTNER.

(Please tick and provide further information, if known)

	Yes	No
Is the partner/ex-partner currently being supported by a Domestic Violence agency?		
Is the partner/ex partner aware of this referral to MOVE Ireland		

4. FAMILY DETAILS: Please give details of children, biological, step or otherwise?

Name of Child	Gender (F/M)	Age	Relationship to client	Where are the children living? (with Mother, with both partners, fostered, with other family, in care?)

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

Please tick any areas that apply and if possible provide information in relation to the following:

a) Are there any court orders prohibiting the client having contact with his/her partner or children? State type of order (Care, Residency, Contact, Parental Responsibility, specific issues, prohibited Steps, injunctions or other) and provide details.	Tick
b) Are there any ongoing court proceedings, public or private? i.e. criminal, child contact, divorce. Please provide details	

c) Are there any past criminal convictions?	
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 this man? <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 does he acknowledge this use of abuse in his relationship?
d) What 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: _____ Date: _____ (Prospective group participant)

Signed: _____ Date: _____ (Referring Agent)

Please return completed referral by post to:

<p>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</p>	<p>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</p>
<p>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</p>	<p>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</p>