

**Office Use Only**

**Client Reference No:**

**Self-Referral Form**

Which MOVE Group are you referring yourself to *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. **CLIENT DETAILS**

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

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

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

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| **STATUS OF PARTNER RELATIONSHIP:** *Please tick the status of the current partner/ex-partner relationship.*  **MARRIED……..COHABITING………. DIVORCED………..SEPERATED……….OTHER….** |

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

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

|  |  |
| --- | --- |
| 1. **Are there any court orders prohibiting you from having contact with your partner?** *State type of order and provide details.* | **Tick** |
| 1. **Are there any ongoing court proceedings?** *i.e. criminal, access contact, divorce. Please provide details* |  |
| 1. ***Are there any past criminal convictions?*** |  |
| 1. **Is there any involvement with the family by other agencies?** *If yes, please provide details.* |  |

1. **Reasons for referral**

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| 1. **Why are you referring yourself to MOVE?** *i.e. History of domestic abuse***,** *Causes of concern* |
| 1. **Description of abuse to partner** *i.e. Type, level and frequency of domestic abuse* |
| 1. **To what extent do you acknowledge this use of abuse in your relationship?** |
| 1. **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**  Dublin Coordinator  MOVE Ireland  Carmichael House,  Brunswick Street, Dublin 7  Email: [flo@moveireland.ie](mailto:flo@moveireland.ie)  Ph No: 0864149591 | **MOVE Cork**  John Russell  Cork Coordinator MOVE Ireland  C/O Probation Service  St Nicholas Church  Cove Street  Cork  Email: [johnrussell@moveireland.ie](mailto:johnrussell@moveireland.ie)  Ph No:0656044047 |
| **MOVE Sligo, Midlands, Galway**  Mid-West Coordinator MOVE Ireland  Unit 2 First Floor, Clare Business Centre, Clare Rd  Ennis Co. Clare  Email: [colm@moveireland.ie](mailto:colm@moveireland.ie)  Ph No. 0858748108 | **MOVE Limerick/ Clare, North Tipperary and Kerry**  South-West Coordinator MOVE Ireland,  Unit 2 First Floor, Clare Business Centre,  Clare Rd  Ennis Co. Clare  Email: [maura@moveireland.ie](mailto:fionnuala@moveireland.ie)  Ph No:0864149613 |