

**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?***

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| 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 IrelandCarmichael House, Brunswick Street, Dublin 7Email: flo@moveireland.iePh No: 0864149591 | **MOVE Cork**John RussellCork Coordinator MOVE IrelandC/O Probation ServiceSt Nicholas ChurchCove StreetCorkEmail: johnrussell@moveireland.iePh No:0656044047 |
| **MOVE Sligo, Midlands, Galway**Mid-West Coordinator MOVE Ireland Unit 2 First Floor, Clare Business Centre, Clare RdEnnis Co. ClareEmail: 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 RdEnnis Co. ClareEmail: maura@moveireland.ie Ph No:0864149613 |