



<b>Office Use Only</b>  <b>Client Reference</b> <b>No:</b>
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### 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

<b>Name of Referrer</b>		<b>Date:</b>	
<b>Agency</b>			
<b>Address</b>			
<b>Telephone Numbers</b>			
<b>Email Address</b>			

#### 2. CLIENT DETAILS

<b>Client Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Telephone Numbers</b>	
<b>Email Address</b>	
<b>Ethnicity</b>	

**Does the client have any of the following needs/issues?**

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

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

### 3. PARTNER/EX-PARTNER

**Name of partner/ ex-partner. *If possible, 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)*

<b>Name</b>	
<b>Address</b>	
<b>Telephone Numbers</b>	
<b>Email Address</b>	

<p><b>STATUS OF PARTNER RELATIONSHIP:</b> <i>Please tick the status of the current partner/ex-partner relationship.</i></p> <p><b>MARRIED.....COHABITING..... DIVORCED.....SEPERATED.....OTHER....</b></p>
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### PREVIOUS DOMESTIC VIOLENCE INTERVENTIONS FOR PARTNER/EX-PARTNER.

*(Please tick and provide further information, if known)*

<b>Yes</b>	<b>No</b>
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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? ( <i>with Mother, with both partners, fostered, with other family, in care?</i> )

**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:*

<p><b>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.</b></p>	Tick
<p><b>b) Are there any ongoing court proceedings, public or private? i.e. criminal, child contact, divorce. Please provide details</b></p>	

<p><b>c) Are there any past criminal convictions?</b></p>	
<p><b>d) Is there any involvement with the family by other agencies? <i>If yes, please provide details.</i></b></p>	

**4. Reasons for referral**

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

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:

<b>MOVE Dublin Swords, Dublin City and Tallaght, MOVE Meath</b> Dublin Coordinator MOVE Ireland Carmichael House, Brunswick Street, Dublin 7 Email: <a href="mailto:flo@moveireland.ie">flo@moveireland.ie</a> Ph No: 0864149591	<b>MOVE Cork</b> Cork Coordinator MOVE Ireland C/O Probation Service St Nicholas Church Cove Street, Cork Email: <a href="mailto:johnrussell@moveireland.ie">johnrussell@moveireland.ie</a> Ph No:0866044047
<b>MOVE Sligo, Midlands, Galway</b>  Mid-West Coordinator MOVE Ireland Unit 2 First Floor, Clare Business Centre, Clare Rd Ennis Co. Clare Email: <a href="mailto:colm@moveireland.ie">colm@moveireland.ie</a> Ph No. 0858748108	<b>MOVE Limerick/ Clare, North Tipperary and Kerry</b> South-West Coordinator MOVE Ireland, Unit 2 First Floor, Clare Business Centre, Clare Rd Ennis Co. Clare Email: <a href="mailto:maura@moveireland.ie">maura@moveireland.ie</a> Ph No:0864149613