



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	

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.	

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

<p>a) Are there any court orders prohibiting you from having contact with your partner? State type of order and provide details.</p>	<p>Tick</p>
<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>	
<p>d) Is there any involvement with the family by other agencies? If yes, please provide details.</p>	

4. Reasons for referral

<p>a) Why are you referring yourself to MOVE? i.e. History of domestic abuse, Causes of concern</p>
<p>b) Description of abuse to partner i.e. Type, level and frequency of domestic abuse</p>

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 Dublin Coordinator MOVE Ireland Carmichael House, Brunswick Street, Dublin 7 Email: fo@moveireland.ie Ph No: 0864149591	MOVE Cork Cork Coordinator MOVE Ireland C/O Probation Service St Nicholas Church Cove Street Cork Email: johnrussell@moveireland.ie Ph No:0866044047
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 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 Ph No:0864149613