



Office Use Only
Client Reference
No:

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:

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. *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)

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? <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>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.</p>	Tick
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<p>b) Are there any ongoing court proceedings, public or private? <i>i.e. criminal, child contact, divorce. Please provide details</i></p>	
<p>c) Are there any past criminal convictions?</p>	
<p>d) Is there any involvement with the family by other agencies? <i>If yes, please provide details.</i></p>	

4. Reasons for referral

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

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:

MOVE Dublin Swords, Dublin City and Tallaght, MOVE Meath Dublin Coordinator MOVE Ireland Carmichael House, Brunswick Street, Dublin 7 Email: avril@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:0656044047
MOVE Sligo, Midlands, Galway Mid-West Coordinator MOVE Ireland Unit 2 First Floor, Clare Business Centre, Clare Rd Ennis Co. Clare Email: marie.mclaughlin@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