



MEND [MEN ENDING DOMESTIC ABUSE] IS A PROJECT OF THE MEN'S DEVELOPMENT NETWORK AND IS FUNDED BY THE DEPARTMENT OF JUSTICE AND EQUALITY TO DELIVER CHOICES DOMESTIC VIOLENCE INTERVENTION PROGRAMMES WITH INTEGRATED PARTNER SUPPORT SERVICE

Agency Referral Form

Please complete this form with the man you are referring

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. *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	

<p>STATUS OF PARTNER RELATIONSHIP. <i>Please tick the status of the current partner/ex- partner relationship.</i></p> <p>MARRIED.....COHABITING.....DIVORCED.....SEPARATED.....OTHER.....</p>

PREVIOUS DOMESTIC VIOLENCE INTERVENTIONS FOR PARTNER/EX-PARTNER. *(Please tick and provide further information, if known)*

Yes	No
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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 MEND Ireland		

4. FAMILY DETAILS: *Please give details of children, biological, step or otherwise?*

Name of child	Gender (F/M)	Age	Date of Birth	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? <i>State type of order (Care, Residency, Contact, Parental Responsibility, specific issues, prohibited Steps, injunctions or other) please provide details.</i></p>	Tick
<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>	

6. 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 MEND programme?**

I confirm the information above and agree that it can be conveyed to **MEND**

Signed: _____ Date: _____ (Client)

Signed: _____ Date: _____ (Referral Agent)

Please Return this completed form by post or email to:

**Waterford, Wexford and South
Tipperary MEND**

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**Carlow/Kilkenny, Laois/Offaly and
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