



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

<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>
<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.** *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.....SEPARATED.....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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<b>Is the partner/ex-partner currently being supported by a Domestic Violence agency?</b>		
<b>Is the partner/ex partner aware of this referral to MEND Ireland</b>		

**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><b>a) Are there any court orders prohibiting the client having contact with his/her partner or children?</b> <i>State type of order (Care, Residency, Contact, Parental Responsibility, specific issues, prohibited Steps, injunctions or other) please provide details.</i></p>	<b>Tick</b>
<p><b>b) Are there any ongoing court proceedings, public or private?</b> <i>i.e. criminal, child contact, divorce. Please provide details.</i></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>	

**6. Reasons for referral**

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

Mairtin Doheny  
MEND  
C/O The Men's Development Network  
49 O'Connell St.  
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Email: [martin@mens-network.net](mailto:martin@mens-network.net)

Phone: 087 318 0156 / 051 878866

**Carlow/Kilkenny, Laois/Offaly and  
Kildare MEND**

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