

# MEND

## Men Ending Domestic Abuse

### REFERRAL FORM

Return to: John Doyle, SEDVIP/MEND, 49 O Connell St. Waterford.

**[PLEASE USE BLOCK CAPITALS]**

Details of Referring Agent

**NAME:**

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**PHONE:**

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**AGENCY:**

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**EMAIL:**

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Details of man being referred to **MEND** for Assessment

**NAME:**

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**ADDRESS:**

**PHONE:**

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**COURT ORDERS/CONVICTIONS RELATED TO DOMESTIC ABUSE:** Yes / No *(please circle)*

**DETAILS:**

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**DATES:**

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**WHY ARE YOU REFERRING THIS MAN?**

**BRIEF DESCRIPTION OF ABUSE TO PARTNER:**

**TO WHAT EXTENT DOES HE ACKNOWLEDGE THIS ABUSE IN HIS RELATIONSHIP?**

**WHAT DOES HE HOPE TO ACHIEVE BY ATTENDING THE MEND PROGRAMME?**

I confirm the information above and agree that it can be conveyed to the MEND programme. In this programme we work in partnership with all care-givers involved with both the participant and his family where appropriate. This may involve attendance from time to time at review meetings and sharing of appropriate information. I agree to participate when required in these meetings and in the sharing of such relevant information.

**SIGNED:**

**DATE:**

\_\_\_\_\_  
*(Prospective group participant)*

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**WITNESSED:**

**DATE:**

\_\_\_\_\_  
*(Referring Agent)*

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