

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:

PHONE:

AGENCY:

EMAIL:

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

NAME:

ADDRESS:

PHONE:

COURT ORDERS/CONVICTIONS RELATED TO DOMESTIC ABUSE:

Yes / No *(please circle)*

DETAILS:

DATES:

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?

Does your client 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)

WITNESSED:

DATE:

(Referring Agent)
