

The Rivers Program aims to deliver a wide range of enriching peer led group activities and experiences to people all over the Perth metropolitan area who are aged between 16-65 and identify that their mental health impacts on their personal wellbeing.

If you are interested in participating, please complete the below form and send it to howcanwehelp@risenetwork.com.au

Do you have an active NDIS plan? ☐ Yes ☐ No

Please note: having an NDIS will not prevent you from attending.

Client Details			
First Name:		Surname:	
Preferred Name:		Date of Birth:	
Address:			
Email:			
Phone / Mobile:			
Gender:		Pronoun/s:	
Country of Birth:		Preferred Language:	
Do you identify yourself as being:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Neither <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Prefer not to say		
Do you identify with a particular Ethnicity:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		
Do you identify as part of the LGBTIQ+ community:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say		

Emergency Contact Details			
Name:		Relationship:	
Phone / Mobile:			
Address:			
Email:			
Do you have a carer/guardian:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		

Referrer Details *[If you are self-referred, you do not have to fill this section out.]*

☐ Clinical Mental Health ☐ Social Worker ☐ General Practitioner ☐ Self-referral

Name:

Phone / Mobile:

Email:

Mental Health

Does your mental health impact your wellbeing?

☐ Yes ☐ No

Does this impact on daily life skills, social interactions, and independence?

☐ Yes ☐ No

If yes, please provide details:

Co-existing Health

Alcohol or Drug Use

☐ Yes ☐ No

Acquired Brain Injury

☐ Yes ☐ No

Physical Disability

☐ Yes ☐ No

Intellectual Disability

☐ Yes ☐ No

If yes to any of the above, please provide details:

Please provide details of any other health concerns:

Consent to Referral

The individual being referred has agreed that their information be shared with Rise and associated agencies connected to the delivery of the group activities.

☐ Yes ☐ No

The individual being referred agrees and acknowledges that the above consent will be valid indefinitely unless stated otherwise or withdrawn in writing by the client or legal guardian.

☐ Yes ☐ No

Client Interests and Requested Services

☐ Educational Workshops ☐ Recreational/Sporting Activities

☐ Social Connection

☐ Arts/Crafts

If you have seen a specific group program on our Rivers activities calendar you are interested in attending, please note here:

On completion of this referral form please email across to our intake team using the following contact: howcanwehelp@risenetwork.com.au or alternatively you can call (08) 6274 3737.

We look forward to hearing from you.