Expressions of Interest
Referral Form

THE RIVERS PROGRAM

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 MHandYouthIntake@risenetwork.com.au

Client Details			
First Name:		Surname:	
Preferred Name:		Date of Birth:	
Gender:		Pronoun/s:	
Address:			
Suburb:			
Email:			
Phone / Mobile:			
Country of Birth:		Preferred Language:	
Do you identify yourself as being:	☐ Aboriginal ☐ Neither ☐ Torres Strait Islander ☐ Prefer not to say		
Do you identify with a particular Ethnicity:	☐ Yes ☐ No If yes, please provide details:		
Do you identify as part of the LGBTIQA+ community:	☐ Yes ☐ No ☐ Prefer not to say		
Do you have an active NDIS plan?	☐ Yes ☐ No *Please note: having an NDIS will not prevent you from attending*		

Emergency Contact Details			
Name:		Relationship:	
Phone / Mobile:			
Email:			
Address:			
Do you have a carer/guardian:	☐ Yes ☐ No If yes, please provide details:		

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MULTICULTURAL SERVICES CENTRE

THE RIVERS PROGRAM

Expressions of Interest Referral Form

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being referred agrees and acknowledges that the above consent will be valid indefinitely unless stated otherwise or withdrawn in writing by the client or legal guardian.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: MHandYouthIntake@risenetwork.com.au or alternatively you can call (08) 6274 3737.

We look forward to hearing from you.

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