

RISE: Respect, Inspire, Support, Empower

Please Send Referrals to:

Email- admin@rise.net.nz

Phone – 03 548 3850

Post – PO Box 896 Nelson



SELF Referral Form

Please fill in every section in order to have your referral processed.

Name:				Age	Gender	Ethnicity
Phone numbers:				DOB		IWI
Address:						

What are your concerns that have prompted this referral?

What assistance do you want to receive from RISE?

Is there a Protection Order involved?	YES	NO
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Have you attended RISE before?	YES	NO
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Are you involved with any other agencies?							
Oranga Tamariki	Family Start	Te Piki Oranga	Police	Family Court	Mediation	Restorative Justice	Other (please specify)