

Bobby Goldsmith Foundation Referral Form



Please complete all sections of this form for referral to services at the Bobby Goldsmith Foundation. Please note: All information provided will be treated in confidence. Submitting this referral form doesn't guarantee eligibility to services. Incomplete applications will not be accepted.

All referrals and supporting documentation should be marked confidential and sent to the Intake Officer via fax on 9283-8732, email to bgf@bgf.org.au or post to PO Box 1444, Strawberry Hills, NSW 2012.

PLEASE ATTACH THE FOLLOWING WHEN SUBMITTING THIS FORM:

- A signed letter from a health professional confirming HIV status.
- A current Centrelink Income Statement. *
- A bank statement from all current accounts, no older than 2 months.*
- Two recent pay slips if the applicant is employed.
- Financial details of all other persons residing with the applicant.

* These forms are not required when applying for Financial Counselling or Phoenix workshops.

New client Reactivation

Personal Details

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other _____
Surname	_____	Language spoken	_____		
Given Names	_____	Australian Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prefers to be called	_____	Country of Birth	_____		
Gender	_____	Nationality	_____		
Aboriginal/Torres Strait Islander	_____	Date of birth	/ /		
How did you hear about BGF?	_____	Approximate date of diagnosis of HIV	/ /		

Contact Details

Preferred contact Any Email Mail Fax Phone

Phone number _____ Fax number _____

Email address _____

Home address _____

Suburb _____ Postcode: _____

Mailing address _____
(if different)
Suburb: _____ Postcode: _____

Income Details

Are you receiving a Centrelink allowance? Yes No Waiting approval

If yes, what allowance and CRN Number? _____

What is your estimated annual gross income? _____

What service/s are you interested in at BGF?

- Financial counselling
- Casework support
- Financial support
- Phoenix self development workshops

Referrer Details

Referrer: Self Service Providers

Name of service provider _____ Organisation _____

Email address _____

Postal address _____

Phone _____ Fax _____

Relationship to client _____

- The client is aware of the referral.
- The client gives consent for the BGF to gain and release information to the referring service provider.
- The client is aware that submitting this form does not guarantee eligibility to BGF services.

Client signature

Print Name _____

Signature _____

Date _____

Referrer Signature

Print Name _____

Signature _____

Date _____