

# Client Referral Form

Bobby Goldsmith  
Foundation

Please complete all sections of this form for a referral to services at Bobby Goldsmith Foundation. All information recorded on this form will remain confidential. Submitting this referral form does not guarantee eligibility to services. Incomplete applications will not be accepted.

**THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED  
IN ADDITION TO THIS REFERRAL FORM:**

- A completed medication form signed by a health care professional stating HIV medication and other HIV related illnesses that require medication
- A current Centrelink Income Statement and/ or two recent payslips if employed\*
- Bank statements for all current accounts from the last two months\*
- NDIS Plan and support coordinator details if applying for NDIS
- Financial details of partner if residing with the applicant\*  
\*only required if the applicant is applying for financial assistance

Send this completed form with all supporting documentation to Bobby Goldsmith Foundation:

**By Fax:** (02) 9283 8732

**By Email:** [bgf@bgf.org.au](mailto:bgf@bgf.org.au)

**By Post:** PO Box 1444 Strawberry Hills, NSW 2012

**In Person:** Level 3, 111-117 Devonshire Street, Surry Hills NSW 2010 (Attn: Reception)

## 1. Personal Details (*fields below marked with an \* are mandatory*)

\*Title  Mr  Miss  Mrs  Ms  Mx  N/A  Other

Preferred Pronouns  He/ His  She/ Hers  They/ Them  Other : \_\_\_\_\_

Gender  Male  Female  Non-Binary  Different Identity : \_\_\_\_\_  Prefer not to say

\*Surname \_\_\_\_\_ \*Given Names \_\_\_\_\_

Prefer to be called \_\_\_\_\_ \*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you identify as Aboriginal or Torres Strait Islander  Yes  No

\*Approximate date of HIV diagnosis \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Year)

Cultural Identification (optional) \_\_\_\_\_ Country of Birth \_\_\_\_\_

Language Spoken \_\_\_\_\_ Interpreter Required?  Yes  No

Nationality \_\_\_\_\_ Australian Resident  Yes  No  
\*NSW Resident  Yes  No

Sexual Orientation (optional) \_\_\_\_\_



Preferred Contact Method   Phone   Email   Any

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**5. Consent for Referral** *(Please ensure person being referred ticks all boxes below)*

- I am aware of the referral being made to BGF
- I consent for BGF to gain information from/release information to the referrer (as per section 4)
- I am aware that submitting this form does not guarantee eligibility for BGF services
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**6. Signature of Person Being Referred to BGF**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**7. Signature of Referrer**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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***Important Information Regarding the Referral and Intake Process***

- *Once BGF has received this referral application together with ALL the supporting documentation, the applicant will be contacted to arrange an intake appointment. The intake appointment could take up to one hour.*
- *After the intake appointment, eligibility to access BGF services will be assessed. The applicant will be contacted by BGF within two (2) working days of the appointment to discuss the outcome.*
- *If at any point during the referral and intake process the applicant wishes to withdraw their application, they are at liberty to do so.*
- *If the applicant or referrer wishes to discuss any matters relating to this referral or the intake process, please contact Reception at BGF on (02) 9283 8666 or by email at [bqf@bqf.org.au](mailto:bqf@bqf.org.au)*