Referral Form

Private & Confidential

Referring Agency Information

Referring Agency	
Referrer Name	
Referrer Contact Number	
Referrer Email	
Additional Comments	

Client Details (Please complete all information that is available to you)

Client Name	
Date of Birth	
MIN (if applicable)	
Address	
Phone Number	
Email Address	
Gender	☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to say ☐ Other:
Cultural Identity	☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ Other:
Language(s) spoken	☐ English ☐ Other:

Emergency Contact

Name	
Relationship to Person Referred	
Phone Number	
Address	

Health Information

Health Condition(s)	☐ No ☐ Yes	Specify:
Disability or Impairment	☐ No ☐ Yes	Specify:
Mental Health Condition(s)	☐ No ☐ Yes	Specify:
Prescribed Medication	☐ No ☐ Yes	Specify:
History of AOD Use	☐ No ☐ Yes	Specify:

Legal Information

Current Orders (if applicable)	
Conditions (if applicable)	
Current AVOs (if applicable)	
Serious Offences? If 'yes', please provide details	☐ Yes ☐ No

Additional Questions

Are you ready to make a change?	☐ Yes ☐ No
Do you consent to Bunmabunmarra accessing your criminal history and orders/bail?	☐ Yes ☐ No

Additional Comments

Please forward completed referral form to: admin@bunmabunmarra.com.au

Version control and change history

Approved by:	Executive Director, Kristie Burge	Approval date:	2 December 2025
Date Effective:	2 December 2025	Next Review Due:	2 December 2027
Contact for Queries:	admin@bunmabunmarra.com.au		

Version Number	Approval Date	Approved by	Amendment