

Referral Form to Your Story Disability Legal Support

Use this form to refer clients for free, independent legal support to safely engage with the Disability Royal Commission.

Instructions for referrer: please read the Privacy Statement below to your client and get their consent to share their information.

Privacy Statement and consent

Your Story Disability Legal Support ('Your Story') will use the information in this form to understand your legal problems and circumstances and contact you to provide information and legal advice. Your Story is delivered by all the Legal Aid Commissions and Aboriginal and Torres Strait Islander Legal Services in Australia.

Your Story may need to provide statistical information about you, after removing identifying details, to the Australian Government Attorney-General's Department.

Your personal information is kept securely in accordance with privacy laws.

* Do you consent to share information in this form with Your Story Disability Legal Support? YES

Please send completed referral form to the Your Story Infoline at YourStoryDisability@legalaid.qld.gov.au

Throughout this form, the asterisk (*) marks questions and/or sections that must be completed.

'Your Story' refers to Your Story Disability Legal Support and 'DRC' refers to Disability Royal Commission.

Referrer details

Date of client contact *	Click or tap to enter a date.		
Date of referral *	Click or tap to enter a date.		
Referral from (org)*			
Referrer name *			
Referrer email		Phone *	

Client details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other specify:
First name *				Family name	
DOB*	dd/mm/yy	Phone*			Email *
Suburb & postcode*				State/Territory *	Select
Is the client Aboriginal and/or Torres Strait Islander? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Would the client prefer advice from an Aboriginal and Torres Strait Islander legal service? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
How would the client prefer to be contacted? *	<input type="checkbox"/> Phone call		<input type="checkbox"/> SMS	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
If the client is in prison: which Prison?				If in prison: Prisoner ID no.	



SAFETY NOTES: Is there anything Your Story can do to keep the client SAFE? Are there risks in the way that we contact them? Please describe any safety concerns, safe contact times and lawyer's gender:

Is there any danger to the client if we contact the client:

by phone call? *	and leave a voicemail? *	by SMS? *	by email? *
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Legal advice / assistance is required about (select all that apply) *

<input type="checkbox"/>	Safely / confidentially sharing their story with the DRC
<input type="checkbox"/>	Preparing a submission
<input type="checkbox"/>	Registering, preparing for, or attending a private session
<input type="checkbox"/>	Overcoming a barrier to sharing their story with the DRC (e.g. a non-disclosure agreement)
<input type="checkbox"/>	Preparing to be a witness at a DRC public hearing
<input type="checkbox"/>	Other

Does the client have documents relevant to their legal issue? *

Yes

No

If yes, please select document type:

<input type="checkbox"/>	Draft submission to Disability Royal Commission
<input type="checkbox"/>	Submission already made to Disability Royal Commission
<input type="checkbox"/>	Documents detailing complaints about violence, abuse, neglect or exploitation?
<input type="checkbox"/>	Timeline of events
<input type="checkbox"/>	Other – please give details:

YOUR STORY

DISABILITY LEGAL SUPPORT

Free, independent legal support to share your story with the Disability Royal Commission

A joint initiative of:

National Legal Aid



NATSILS
National Aboriginal and Torres Strait Islander Legal Services
TRUTH JUSTICE CARE AND REPAIR

Please provide a summary of client's issue/s:

Communication/accessibility details *

Information about the client's communication and accessibility needs? (e.g. Information about how they would like us to work with them due to their disability type, language or cultural or sexual identity) Please describe below:

Client presentation (if relevant: e.g. distressed, tearful) - please describe below:

Suggestions for service contact (e.g. need to speak slowly/softly to client due to anxiety) - please describe below:

Does client need an interpreter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Language/dialect for interpreter?		
Does interpreter need to be a particular gender?	<input type="checkbox"/> Female	<input type="checkbox"/> Male
	<input type="checkbox"/> Other: specify below: <div style="border: 1px solid #ccc; height: 15px; width: 100%;"></div>	
Preferred interpreter? (preferably 2 names for Auslan interpreters)	1.	
	2.	
We need to provide the client's full name to Auslan interpreter services to book an interpreter. <i>Do you consent to Your Story providing your full name to book an interpreter?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preferred National Relay Service (NRS) e.g.: TTY, SMS relay, webchat, Auslan video relay service		
Literacy concerns		



Advocacy and support *

Does the client have a support person they would like to attend the advice session? If yes, please indicate who:

Partner

Advocate / Support worker

Family member

Carer

Other

Support person's details

Name

Phone number

Any further details

Client's preferred method of advice delivery *

(NB: Your Story cannot guarantee the preferred method of service delivery)

Telephone

Face to face (e.g. at Legal Aid or Aboriginal Legal Service office, disability advocate office etc.)

Skype / video conference

Skype email address:

At Royal Commission community forum or public hearing

Please include:

Date: Click or tap to enter a date.

Location:

Other – please give details: