## Referral Form to Your Story Disability Legal Support

Use this form to refer clients for free, independent legal support.

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| 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 staff who may be from a different state or territory? | YES |
|  | Please send completed referral form to the Your Story Infoline at [YourStoryDisability@legalaid.qld.gov.au](mailto:YourStoryDisability@legalaid.qld.gov.au) | |

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|  | 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. |

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| 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 \* |  |

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| Client details | | | | | | | | | | | | |
| Title | Mr | Ms | | Mrs | | Miss | | Mx | No title | Other *(specify):* | | |
| First name \* |  | | | | | | | | Family name |  | | |
| DOB\* | dd/mm/yy | | Phone\* | |  | | | | Email \* |  | | |
| Street address | | |  | | | | | | | | | |
| Suburb & postcode\* | | |  | | | | | | State/Territory \* | Select | | |
| Is the client Aboriginal and/or Torres Strait Islander? \* | | | Yes | | No | | Would the client prefer advice from an Aboriginal and Torres Strait Islander legal service? \* | | | | Yes | No |

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| Gender Identity | Female | Male | Non-binary | Prefer not to answer |
| Unlisted *(record below if client wishes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Pronouns | He/Him | | She/Her | They/Them |

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| How would the client prefer to be contacted? \* | Phone call | SMS | | Email | | Mail |
| If the client is in prison: which Prison? |  | | If in prison: Prisoner ID no. | |  | |

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| 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? \* |
| Yes  No | Yes  No | Yes  No | Yes  No |

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| Legal advice / assistance is required about (select all that apply) \* | | | | | | |
|  | Disability Royal Commission | | | | | |
|  | Other *(specify)*: |  | | | | |
| Please provide a summary of client’s issue/s: | | | | | | |
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| 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: | | | | | | | |
|  | | | | | | | |
| Country of Birth if not Australia? | | |  | | | | |
| Does the client need an interpreter? | | | Yes | | No | | |
| Language/dialect for interpreter? | | |  | | | | |
| Does interpreter need to be a particular gender? | | | Female | Male | Other: specify below: | | |
|  | | |
| 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. *Do you consent to Your Story providing your full name to book an interpreter?* | | | | | Yes | No | |
| Preferred National Relay Service (NRS) e.g.: TTY, SMS relay, webchat, Auslan video relay service | | |  | | | | |
| Literacy concerns | | |  | | | | |

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| 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 |  | | |

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| 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.) | |
|  | Videoconference (Microsoft Teams or Zoom) | Email address: [insert email address] |
| Other – please give details: | | |