

## Referral Form to Your Story Disability Legal Support

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

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)

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

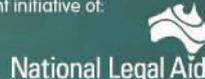
|   |                              |                             |   |                               |                             |                                   |   |
|---|------------------------------|-----------------------------|---|-------------------------------|-----------------------------|-----------------------------------|---|
| Title   | <input type="checkbox"/> Mr  | <input type="checkbox"/> Ms | <input type="checkbox"/> Mrs  | <input type="checkbox"/> Miss | <input type="checkbox"/> Mx | <input type="checkbox"/> No title | <input type="checkbox"/> 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? * | <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               |

# YOUR STORY

DISABILITY LEGAL SUPPORT

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

A joint initiative of:



**NATSILS**  
National Aboriginal and Torres Strait Islander Legal Services  
TRUST JUSTICE FOR THE PEOPLE

|  |                                     |                               |                                     |   |
|--|-------------------------------------|-------------------------------|-------------------------------------|---|
| Gender Identity                                | <input type="checkbox"/> Female     | <input type="checkbox"/> Male | <input type="checkbox"/> Non-binary | <input type="checkbox"/> Prefer not to answer                                     |
|  |                                     |                               |                                     | <input type="checkbox"/> Unlisted <i>(record below if client wishes)</i><br>_____ |
| Pronouns                                       | <input type="checkbox"/> He/Him     |                               | <input type="checkbox"/> She/Her    | <input type="checkbox"/> They/Them  |
| 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) \*

Disability Royal Commission

Other *(specify):* \_\_\_\_\_

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:

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

## 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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National Legal Aid



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

## 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:

Other – please give details: