

The Yellow Gate Referral Form

The Yellow Gate Recovery and Prevention Hub provides free information and support to eligible clients who have experienced or are experiencing domestic, family, or sexual violence, in the **Southern Suburbs**.

The Yellow Gate is funded by both State and Federal Governments and is overseen by Community Justice Services SA.

Please note, The Yellow Gate is not a crisis service. If someone is in imminent danger or requires crisis accommodation, they should contact the DV Crisis Line on 1800 800 098 or 000 in emergency situations.

Please email referral form to admin@theyellowgate.org.au

For phone enquires, contact 1300 564 164. Operating Hours: Monday – Friday, 9:30am – 4:30pm

CLIENT DETAILS

Given name(s):		Surname:	
Previous Name(s):		Date of Birth:	
Current Address:			
Contact Details:	Mobile:	Safe to call ☐ Safe to leave voicemail ☐ Safe to SMS ☐	
Best time to contact:	Email:		Safe to email ☐

Gender:	Female ☐	Male ☐	Non-Binary ☐	Other: (please specify)
Preferred Pronouns:	She/Her ☐	He/Him ☐	They/Them ☐	Other: (please specify)
Cultural Identity:	Aboriginal ☐	Torres Strait Islander ☐	Not Aboriginal/Torres Strait Islander ☐	Other: (please specify)
Temporary Visa	Yes ☐ No ☐		Visa type (if known):	
Language(s) spoken:			Interpreter required	Yes ☐ No ☐
Disability:	Yes ☐ No ☐		Please specify:	
Relationship Status:	Single ☐	Divorced ☐	Married/ De facto ☐	Separated ☐

CHILDREN

Name:	Name:	Name:	Name:
Date of birth:	Date of birth:	Date of birth:	Date of birth:
Shared care of children: Yes ☐ No ☐	Shared care of children: Yes ☐ No ☐	Shared care of children: Yes ☐ No ☐	Shared care of children: Yes ☐ No ☐

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR SITUATION

I am currently in a relationship that I feel is abusive	☐
I have recently left a relationship that I feel was abusive (less than 3 months).	☐
I left an abusive relationship more than 3 months ago.	☐
I am/have experienced abuse from a family member: (eg. Mother, father or brother)	☐
I am/have experienced abuse from a person unknown to me	☐
Someone I know is currently in a relationship that I feel may be abusive.	☐

DOMESTIC AND FAMILY VIOLENCE CONCERNS

Name of person(s) using violence: <i>Please include previous and given name(s)</i>	
Date of Birth:	
PLEASE PROVIDE DETAILS: <i>Types of violence or abuse experienced</i>	
<i>Current contact between the client and the person using violence</i>	
Intervention Order	Yes ☐ No ☐
Conditions:	

REFERRERS DETAILS

Name:	Service:	Contact Number:
Date of referral:		
Client has given consent to share their information: ☐ Yes ☐ No		
Client would like to receive information regarding programs and upcoming events: ☐ Yes ☐ No		

Consent to Referrals within the Yellow Gate Hub

Information and Confidentiality

The Yellow Gate will collect and share personal information, together with the below agencies and others who may participate in delivering the Yellow Gate Hub services from time to time. We will seek and respect your informed consent before sharing your information, except in the following circumstances:

- We are obliged by law to disclose your information regardless of consent, or otherwise.
- It is unreasonable or impracticable to gain consent or consent has been refused and
- Consent is reasonably necessary to prevent or lessen a serious threat to the life, health or safety of a person or group of people.

All personal and sensitive information will be treated in a confidential manner (unless the above circumstances apply).

I, _____

(Full Name and DOB)

Understand that my **contact information** and **relevant information regarding my circumstances**, will be shared with or between the services listed below, so that I may be offered additional support and or information.

Service/ Persons Name	Consent to referral to service	
Cedar Health (SA Health – Counselling & Health Services)	Yes ☐	No ☐
Yarrow Place Rape and Sexual Assault Service (SA Health – Counselling & Specific Health Services -Over 16)	Yes ☐	No ☐
Community Justice Services SA (Legal Service)	Yes ☐	No ☐
Women's Legal Service South Australia (Legal Service)	Yes ☐	No ☐
Services Australia (Government Service)	Yes ☐	No ☐
First Nations Healing (Aboriginal and Torres Strait Islander Service)	Yes ☐	No ☐
Junction Australia (Financial Counselling / Info)	Yes ☐	No ☐
Zahra Foundation (Financial Counselling / Info)	Yes ☐	No ☐
Southern Wellbeing Hub (Counselling & Mental Health)	Yes ☐	No ☐
Housing SA (Private Rental Liaison)	Yes ☐	No ☐
Status Employment (Employment Service)	Yes ☐	No ☐

I am aware that I can withdraw my consent at any time, upon providing my written intent to do so and am under no obligation to engage with any of the services listed above as a result of signing this document.

Signed _____

Date _____

Verbal Consent may be obtained where it is not practicable or possible to gain written consent:

I have discussed the proposed referrals with the client or authorised representative and I am satisfied that they understand the proposed uses and disclosures and have provided their informed consent to these.

Signed:	Name (Worker):	Date:
Witness signature:	Witness Name:	Date: