

Individual/Family details:

Name: .....

Address: .....

Phone: .....

I authorise the person named below to act as an advocate on my behalf and represent my interests in relation to my involvement with Weeroona Association Inc.

I understand that the service may discuss details of my support plan and the services it provides with my advocate if the need arises.

This authority takes effect from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_. I understand that I can change my choice of advocate at any time and undertake to advise the service of any such change.

Scope for the activities of the advocate: .....  
.....  
.....

Name: ..... Date: .....

Signature: ..... Relationship: .....  
(If unable to sign, then signature of primary carer / legal guardian)

Advocate's details:

Name: .....

Address: .....

Phone: .....

Signature: ..... Date: .....

Roles of an Advocate document has been provided to Individual/Family and Advocate

I withdraw my authority for ..... to act as my Advocate.

Signed: ..... Date: .....  
(Signature of individual/primary carer/legal representative)