

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 anytime 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)