*This form is utilised as a form of agreement to ensure that you understand and acknowledge your rights and responsibilities of receiving care and services from Confidence*

PARTICIPANT/GUARDIAN/REPRESENTATIVE DETAILS:

Participant First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If applicable)

Guardian/Representative First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian/Representative Surname:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT/GUARDIAN/REPRESENTATIVE ACKNOWLEDGEMENT:

By agreeing and signing the following acknowledgements, I understand the below.

* My Privacy and Confidentiality rights and Confidence’s legal obligations with respect to sharing information.
* My rights and responsibilities, including my right to access a support person of my choice, such as an advocate, in the duration of receiving care from Confidence.
* The services Confidence offers as well as additional support services available.
* The way in which to access, re-access or leave the services of Confidence.
* Charter of Participants Rights and Responsibilities.
* The terms and conditions that may apply to service provision.
* I have completed and submitted all of my required Participant forms, and the information is a reflection of true and lawful facts. If any changes to the given information have occurred, I will notify Confidence.
* The cost and fees associated with receiving services from Confidence, the expected period of time and the specific fees that are charged, what the fees cover, and the process of distributing fees to my postal address.
* I am aware of the process for lodging a complaint, compliment and feedback, including all relevant of information regarding fees and costs.

Full Name of Authorised Personnel: Date:

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Signature of Participant/Guardian/Representative:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of Witness: Date:

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Signature of Witness:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_