**Participant’s Details:**

**Name (in full):** ...............................................................................................

**Address:** ........................................................................................................

......................................................................................................................

**Phone:** .....................................................

I authorize the person named below to act as an advocate on my behalf and represent my interests in relation to my involvement with Confidence. I understand that Confidence may discuss details of my Support Plan/s and the services it provides with my advocate if the need arises.

This authority takes effect from \_\_\_\_/\_\_\_\_/ and replaces any previously

advised arrangements. I understand that I can change my choice of advocate at any time and undertake to advise Confidence of any such change in writing.

**Signed:** .................................................... **Date:** .....................................

**Advocate’s Details:**

**Name (in full):** ...............................................................................................

**Address:** ........................................................................................................

......................................................................................................................

**Phone:** .....................................................

As an advocate of the abovementioned person, I undertake to ensure that:

* The client has provided written authority for you to act as their advocate.
* You always act in the best interests of the client.
* The client is aware of any issues and developments in relation to the support they receive and in which you, as their advocate, may be involved.
* You are familiar with the contents of the consumer’s Support Plan and Fees Schedule.
* You are familiar with the client’s “Rights and Responsibilities”.
* You advise Confidence about any changes in the client’s circumstances and any concerns about their changing needs.
* Be prepared to relinquish the role of advocate should the client wish this.

**Signed:** .................................................... **Date:** .....................................