

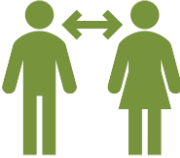







Authority to Act as an Advocate

Easy Read

The following information has been explained to me (circle yes or no):


1. My right to an advocate			
Yes	✓	No	✗  I know I can have an advocate to support me and be my voice
Yes	✓	No	✗  I have chosen a person I trust to be my advocate
Yes	✓	No	✗  I have told my trusted person I want them to be my advocate
Yes	✓	No	✗  My trusted person has agreed to be my advocate
Yes	✓	No	✗  I agree (give my authority) that my advocate can speak on my behalf
Yes	✓	No	✗  I understand my provider is not responsible for my advocate's actions

Yes ✓	No ✕	 My advocate can access my personal information
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Yes ✓	No ✕	 My advocate's authority starts today
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Yes ✓	No ✕	 I know I can change my advocate at any time
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Yes ✓	No ✕	 I know how to tell my provider I want to change my advocate
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Agreement		
Yes ✓	No ✕	 I agree that the information in this form has been explained to me by a staff member

Yes ✓	No ✕	 My advocate's name is written below
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Advocate name:	
Relationship to participant:	
Signature:	
Date:	
Address:	

Email	
Mobile:	
Emergency number:	

Participant name:	
Signature:	
Date:	

Staff name:	
Role:	
Signature:	
Date:	