| **General Information** | | | | |
| --- | --- | --- | --- | --- |
| Client Name |  | | | |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| I understand that the service may discuss details of my plan of care and services with my advocate if the need arises. | | | | |
| This authority is to take effect from Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| This replaces any previously advised arrangements. I understand that I can change my choice of advocate at any time and undertake to advise the service of any such change in writing. | | | | |
| Client Signature | |  | Date |  |

| **Advocate Details** | | | |
| --- | --- | --- | --- |
| Client Name |  | | |
| Address |  | | |
| Phone |  | | |
| Email |  | | |
| I have read the 'Guidelines for Advocates' and agree to act as an advocate for the above named client. | | | |
| Advocate Name |  | | |
| Signature |  | Date |  |

| **Guidelines For Advocates** |
| --- |
| **Being an Advocate** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client name) has asked you to be their advocate, which means they would like you to act on their behalf in their dealings with the service. You may be a family member or friend of the client or a member of an advocacy service.  Being an advocate may mean your attendance or involvement will be required during assessments and reviews of the client's situation and services received, or if the client wishes to communicate or negotiate anything with the service or lodge a complaint about the service.  We ask our clients to complete an 'Authority to Act as an Advocate Form' when they wish to appoint or change their advocate. Clients are free to change their advocates whenever they wish, however we request a new authority form be completed each time so that service staff are always clear about who the client's advocate is.  As an advocate of a client, we ask you to be aware of the following and ensure that:   * The client has given their written authority for you to act as their advocate * The service is aware that you are acting as the client's advocate * You always act in the best interests of the client * The client is aware of any issues and developments in relation to the services they receive and which you, as their advocate, may be involved in * The client is kept informed of any developments * You are familiar with the contents of the Client's Handbook and the details of the client's care plan * You encourage the client to provide feedback to you about the services they are receiving * You advise the service about any changes in client circumstances and any concerns about changing client needs * You are prepared to relinquish the role of advocate should the client wish this. |