

## Authority to Act as an Advocate

### 1. Client Details

Name:		
Date of birth:	Email:	
Address:		
Home phone:	Mobile phone:	Work phone:

### 2. Advocate / Support / Nominated Person

Please enter the details of the person you'd like to give authority to act on your behalf.

Full name:	Relationship to you:
Postal address:	
Email address (if applicable):	Home phone:
Mobile phone:	Work phone:

### 3. Authority to Act

Effective from:
<ul style="list-style-type: none"><li>• I authorise the provider to act on the instructions of my nominated person</li><li>• I understand that provider is not responsible for any actions of my nominated person using this authority</li><li>• I understand that this authority comes into effect from the date above or from when form is received whichever is the later.</li><li>• I understand that I am giving my nominated person authority to access my information by telephone, email and letter</li><li>• I understand I can write to or call the provider at any time to cancel this authority, and the provider will only cancel this authority if I ask them to in this way. Cancellation will not be effective until received by the provider</li></ul>

### 4. Participant's Approval

Signature:	Date:
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