

Capricorn Citizen Advocacy

ADVOCATE AUTHENTICATION FORM

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| Form Number: | 3.0.3.1 | Approved by Management Committee: | 28 th February 2017 |
| Version: | 1.0 | Signed off by Executive: | 28 th February 2017 |
| Responsible person: | Coordinator | Scheduled Review Date: | 28 th February 2020 |

AUTHORITY FOR PERSON TO ACT AS AN ADVOCATE

Protégés' Details:

Name:.....

Address:.....

Phone Number(s):.....

- I authorise the person named below to act as a citizen advocate on my behalf and to represent my interests.
- My advocate has been appointed by Capricorn Citizen Advocacy Incorporated.
Ph (07 4922 0299 / 0409 220 072
- My advocate may require access to details of services provided to me by my service providers when necessary.
- This authority takes effect from(date) and replaces any previous arrangements.

Written Consent

Signed:

Date:

Witness:

Date:

Protégé Not Able To Give Written Consent

Staff Signature:

Date:

Witness:
(where appropriate)

Date:

AGREEMENT TO ACT AS AN ADVOCATE

Advocate's Details:

Name:.....

Address:.....

Phone Number(s)

I have read the information for advocates in the Capricorn Citizen Advocacy's Handbook for Advocates and agree to act as the advocate for the above-named person.

Advocate's Signature:.....(date).....

CONFIDENTIALITY:

All information about the person with disability including information recorded in the Protégé Profile is taken for the sole purpose of assisting in finding an Advocate.

All information collected for this purpose will remain private, secure and confidential at all times.

Capricorn Citizen Advocacy
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