

Capricorn Citizen Advocacy

CONSENT OF PROTÉGÉ FORM

Form Number:	3.1.2.1	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

I, _____ give permission for Capricorn Citizen Advocacy to recruit an advocate for myself or _____. (name of person with disability).

I understand that staff may need to talk about my/his/her needs and life experiences with other people and this may include family members, service providers and potential advocates. I agree that Capricorn Citizen advocacy can speak to relevant people who have previously and currently been involved in my/his/her life.

Written Consent

Signed:

Date:

Witness:

Date:

Protégé Not Able To Give Written Consent

Staff Signature:

Date:

Witness:
(where appropriate)

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 is to remain private, secure and confidential at all times.

Capricorn Citizen Advocacy
PO Box 1175, Rockhampton Q 4700
3/118 George Street, Rockhampton Q 4700
Ph: (07) 4922 0299 Email: office@capricornca.org.au