



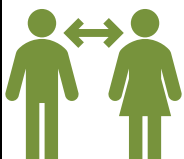




Authority to Act as an Advocate




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

Yes	✓	No	✗	 My advocate's authority starts today
Yes	✓	No	✗	 I know I can change my advocate at any time
Yes	✓	No	✗	 I know how to tell my provider I want to change my advocate

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

Advocate name:	
Relationship to participant:	
Signature:	
Date:	
Address:	
Email	
Mobile:	
Emergency number:	

Participant name:	
Signature:	
Date:	

Staff name:	
Role:	
Signature:	
Date:	