

This form is to confirm you have been provided with a Welcome Pack including the following documents:

**Advocacy Providers List**

**Authority to Act as an Advocate Form**

**Easy Read documents**

- **Complaints**
- **Conflict of Interest**
- **Incident Reporting**
- **Privacy**
- **Rights**
- **Zero Tolerance**
- **Participant Survey**
- **Service Handbook**

**Participant Details**

Participant Name	
NDIS Number	

**Signature**

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Signature of [participant/participant's representative]

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Name of [participant/participant's representative]

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Date