

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">I authorise the provider to act on the instructions of my nominated personI understand that provider is not responsible for any actions of my nominated person using this authorityI understand that this authority comes into effect from the date above or from when form is received whichever is the later.I understand that I am giving my nominated person authority to access my information by telephone, email and letterI 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	

4. Participant's Approval

Signature:	Date:
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