



Appointee Authorisation Form

SECTION 1.

CLIENT DETAILS

Full Name.....
Date of birth.....
Address.....
Tel/Mobile.....
Email.....

SECTION 2

APPOINTEE ONE DETAILS

Full Name.....
Date of birth.....
Address.....
Tel/Mobile.....
Email.....
Relationship to client.....

APPOINTEE TWO DETAILS

Full Name.....
Date of birth.....
Address.....
Tel/Mobile.....
Email.....
Relationship to client.....

SECTION 3

AUTHORISATION PURPOSE

I (Name of appointer)....., hereby authorise the above named person to act on my behalf in relation to care matters, including (but not limited to) :

Protecting Rights and Interests

- Communicating with Old Friends and Service providers introduced by OLD FRIENDS
- Ensure the elderly client's legal and human rights are respect
- Safeguard them from exploitation, neglect, or financial abuse.
- Help (or act on behalf of) the client to access the services offered by Old Friends.

Providing Information and Guidance

- Explain available support services.
- Allow and help Old Friends to access information necessary to carry out tasks
- Help the client understand documents such as agreements, contracts, or non-personal care arrangements made.
- Clarify procedures for accessing public or community resources.

Assisting with Decision-Making

- Support the elderly person in making informed choices about their support arrangements, finances, or domestic requirements.
- Ensure that their views are expressed clearly and considered in all decisions affecting them.
- Promote independence and self-determination.
- Mediating and Negotiating on behalf of the client
- Act as an intermediary between the client, other family members, service providers and Old Friends Service Provider.
- Resolve misunderstandings or conflicts in a fair and respectful manner.

Coordinating Support Services

- Help connect the client with Old Friends services and service providers, home maintenance services, transportation assistance, or social programs.
- Monitor the quality and reliability of these services.
- Managing Administrative and Financial Matters if required (Non-Personal).
- Maintain privacy and confidentiality of all client information and act in the best interest of the client at all times

SECTION 4

DURATION OF ADVOCACY

From...../.../.....

To...../.../.....

SECTION 5

DECLARATION AND SIGNATURES

Client Declaration

I confirm that I understand and agree to the terms of this authorisation. I give permission for.....to act on my behalf as described above.

Signature of Client.....

Full Name.....

Date...../.../.....

Appointee One - Declaration

I agree to act in the best interest of the above named client and only within the scope of the authorisation provided.

Signature of Advocate 1.....

Full Name.....

Date...../.../.....

Appointee Two - Declaration

I agree to act in the best interest of the above named client and only within the scope of the authorisation provided.

Signature of Advocate 2.....

Full Name.....

Date...../.../.....

SECTION 7

DISCLAIMER

This document is intended to provide limited authorisation for practical & care matters only. It is **NOT** a legally recognised Power of Attorney under relevant national or regional law.

If you require someone to make decisions about financial, property, health or welfare matters, you must seek independent legal advice and complete the appropriate Power of Attorney or appropriate legal documentation.

Both the client and the Appointee/s should ensure they understand the limits of this form before signing