

Form13. Advocate Nomination Form

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I, nominate as an advocate on my behalf and represent my interests in relation to my involvement with POWA Care Connections. I understand that POWA Care Connections may discuss details of my Support Plan/s and the services it provides with my advocate if the need arises. This authority takes effect from ____/____/____ and replaces any previously advised arrangements. I understand that I can change my choice of advocate at any time and advise POWA Care Connections of any such changes in writing.

Advocate's Detail

Contact Name:

Address:

Home Phone No:

Mobile No:

Email:

Participant

Signature:

Date:

As an advocate of the abovementioned person:

- The participant has provided me with written authority to act as their advocate.
- I always act in the best interests of the participant.
- The participant is aware of any issues and developments in relation to the support they receive and which I, as their advocate, may be involved.
- I am familiar with contents of the participant's Support Plan and Fees Schedule.
- I am familiar with the participant's 'Rights and Responsibilities'.
- I advise POWA Care Connections about any changes in participant's circumstances and any concerns about their changing needs.
- I am prepared to relinquish the role of advocate should the participant wish this.

Advocate/Support Person

Name:

Signature:

Date: