**Participant/Representative Details**

|  |  |
| --- | --- |
| **Surname:**  | **First Name:**  |

**Participant/Representative Acknowledgement**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge receipt of information from Bolster Disability Support Services (BDSS) about.**

[ ]  **My rights and responsibilities, including my right to access a support person of my choice, such as an advocate, in my dealings with BDSS.**

[ ]  **My privacy rights and BDSS’s legal obligations with respect to sharing information;**

[ ]  **BDSS, the services offered and other support services available;**

[ ]  **How to access, leave or re-access BDSS’s services;**

[ ]  **Eligibility and Priority of Access Requirements;**

[ ]  **Conditions that may apply to service provision;**

[ ]  **Fees to be charged, what the fees cover, timeliness for payment and the process for addressing difficulties in making payment; and**

[ ]  **The process for providing feedback and making a complaint.**

**Participant Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Participant/Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**