Authority To Act As An Advocate

Consumer Details

Consumer Name: _____

Address: _____

Phone: _____

I authorise the person named below to act as an advocate on my behalf and represent my interests in relation to my involvement with Rise. I understand that Rise may discuss details of the support services it provides with my advocate if the need arises.

This authority takes effect from Date: ...…../……../……... and replaces any previously advised arrangements. I understand that I can change my choice of advocate at any time and undertake to advise Rise of any such change by completing another authority form.

Consumer Signature: _____ Date: _____

In relation to which matters would you like to use an advocate?

_____

_____

Do you wish the organisation to share information with your advocate when you are not present? ☐ Yes ☐ No

Do you wish the advocate to make decisions on your behalf? ☐ Yes ☐ No

Advocate Details

Name: _____

Address: _____

Phone: _____

I have read Rise's information sheet on "Being an Advocate" and agree to act as an advocate for the above named client.

Advocate Signature: _____ Date: _____

In the instance of a person being appointed as Guardian or Administrator, a copy of the Order will be required. In this case, the client is not required to sign this form, however the Guardian or Administrator will complete and sign the "Advocate Details" section of this form.