Authority to Act as an Advocate

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:

Authority to act	
Effective from:	

- I authorise the provider to act on the instructions of my nominated person
- I understand that provider is not responsible for any actions of my nominated person using this authority
- I 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 letter
- I 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

Participant approval	
Signature:	Date: