

# Authority to Act as an Advocate

## Easy Read

The following information has been explained to me (circle yes or no):

### 1. My right to an advocate

Yes	✓	No	✗	 <p>I know I can have an advocate to support me and be my voice</p>
Yes	✓	No	✗	 <p>I have chosen a person I trust to be my advocate</p>
Yes	✓	No	✗	 <p>I have told my trusted person I want them to be my advocate</p>
Yes	✓	No	✗	 <p>My trusted person has agreed to be my advocate</p>
Yes	✓	No	✗	 <p>I agree (give my authority) that my advocate can speak on my behalf</p>
Yes	✓	No	✗	 <p>I understand my provider is not responsible for my advocate's actions</p>

Yes ✓	No ✗		<b>My advocate can access my personal information</b>
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Yes ✓	No ✗		<b>My advocate's authority starts today</b>
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Yes ✓	No ✗		<b>I know I can change my advocate at any time</b>
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Yes ✓	No ✗		<b>I know how to tell my provider I want to change my advocate</b>
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### Agreement

Yes ✓	No ✗		<b>I agree that the information in this form has been explained to me by a staff member</b>
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Yes ✓	No ✗		<b>My advocate's name is written below</b>
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<b>Advocate name:</b>	
<b>Relationship to participant:</b>	
<b>Signature:</b>	
<b>Date:</b>	
<b>Address:</b>	
<b>Email</b>	
<b>Mobile:</b>	

**Emergency number:**

<b>Participant name:</b>	
<b>Signature:</b>	
<b>Date:</b>	

<b>Staff name:</b>	
<b>Role:</b>	
<b>Signature:</b>	
<b>Date:</b>	