

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

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

Emergency number:

Participant name:	
Signature:	
Date:	

Staff name:	
Role:	
Signature:	
Date:	