

Weeroona Association Inc.	<b>Nomination of an ADVOCATE</b>	Form
------------------------------	----------------------------------	------

Individual/Family details:

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 Weeroona Association Inc.

I understand that the service may discuss details of my support plan and the services it provides with my advocate if the need arises.

This authority takes effect from \_\_\_/\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_. I understand that I can change my choice of advocate at anytime and undertake to advise the service of any such change.

Scope for the activities of the advocate: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Name \_\_\_\_\_  
(If unable to sign, then signature of primary carer / legal guardian)

Date: \_\_\_/\_\_\_/\_\_\_\_\_ Relationship to person nominating : \_\_\_\_\_

Advocate's details:

Name: .....

Address: .....

Phone: .....

**Guiding principles for an ADVOCATE** leaflet provided to service user and person of choice.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

I .....wish to **change** my nominated support person/advocate.  
(Name of individual)

Effective from .....  
(Insert date)

I would like my interests to be represented by .....,  
(Name of support person/advocate)

Please complete a new 'Nomination of an Advocate' form.

Signed: ..... Date: .....  
(Signature of individual/primary carer/legal representative)

\_\_\_\_\_