

## GUIDELINES FOR ADVOCATES

### BEING AN "ADVOCATE"

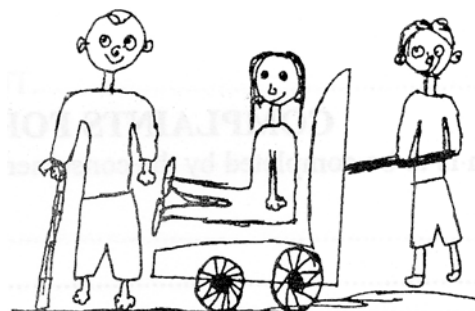
If a consumer of *any government funded service* has ask you to be their advocate, this means they would like you to act on their behalf in their dealing with the service. You may be a family member or friend of the consumer or a member of an advocacy service.

Being an advocate may mean that your attendance or involvement may be required during assessments and reviews of the consumer's situation and services received, or if the consumer wishes to communicate or negotiate anything with the service or lodge a complaint about the service.

We ask our consumers to complete an *Authority to Act as an Advocate* form when they wish to appoint or change their advocate. Consumers are free to change their advocates whenever they wish, however, we request a new Authority Form be completed each time so that service staff are always clear on who the consumer's advocate is.

### As an advocate of the consumer we ask you to be aware of the following and ensure that:

- \* the consumer has given their written authority for you to act as their advocate;
- \* the service is aware that you are acting as the consumer's advocate;
- \* you always act in the best interest of the consumer;
- \* the consumer is aware of any issues and developments in relation to the service they receive and which you, as their advocate, may be involved in;
- \* the consumer is kept informed of any developments;
- \* you are familiar with the content of the Consumers Handbook and the details of the consumer's care plan;
- \* you encourage the consumer to provide feedback to you about the services they are receiving;
- \* advise the service about any changes in consumer circumstances and any concerns about changing consumer needs;
- \* you are prepared to relinquish the role of advocate should the consumer wish this.



## AUTHORITY TO ACT AS AN ADVOCATE

### CONSUMER DETAILS

NAME

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ADDRESS

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PHONE

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I authorise the person named below to act as an advocate on my behalf and represent my interests in relation to my involvement with

NAME OF SERVICE

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

This authority takes effect from

DATE

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and replaces any previously advised arrangements. I understand that I can change my choice of advocate at anytime and undertake to advise the service of any such change in writing.

CONSUMERS SIGNATURE.

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DATE.

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### ADVOCATE DETAILS

NAME

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ADDRESS

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PHONE

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I have read the *Guidelines for Advocates* and agree to act as an advocate for the above named consumer.

ADVOCATES SIGNATURE

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DATE

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