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| 1. Client Details
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| Name:  |
| Date of birth:  | Email:  |
| Address: |
| Home phone:  | Mobile phone:  | Work phone:  |

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| 1. Advocate / Support / Nominated Person
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| 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: |

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| 1. Authority to Act
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| 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.
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| 1. Participant’s Approval
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| Signature:  | Date: |