

Advocate or Support Person Request Form

Independent Nurses Australia | ABN 81 675 482 210

This form is to be completed if you wish to nominate a representative, advocate or support person to provide support. Examples of representatives, advocates or support persons may include parents, relatives or legal representatives.

PART A: PARTICIPANT DETAILS	
First Name:	
Last Name:	
Contact Number:	
Email:	

PART B: ADVOCATE OR SUPPORT PERSON DETAILS			
First Name:			
Last Name:			
Date of Birth:		Contact Number:	
Email:			
Address:			
Suburb:		Postcode:	
Relationship to Participant:			
Preferred method of communication:	☐ Phone ☐ Email		

ROLES AND RESPONSIBILITIES

The nominated advocate or support person may support the Participant with Independent Nurses Australia Pty Ltd by:

- Assisting in communication with Independent Nurses Australia Pty Ltd
- Being a point of contact and liaising with Independent Nurses Australia Pty Ltd on behalf of the Participant
- Ensuring information is understood
- Accompanying the Participant during service-related activities if required
- Representing the Participant's best interests

Advocate or Support Person Request Form

Independent Nurses Australia | ABN 81 675 482 210

CONFIDENTIALITY AND CONSENT

- The Participant acknowledges and consents to the sharing of relevant information with the advocate/support person for the purpose of providing support and advocacy.
- The Participant understands that the advocate/support person will be provided access to personal and sensitive information in order to fulfill their role.
- The advocate/support person acknowledges their responsibility to maintain the confidentiality of the Participant's information and to act in the best interests of the Participant.
- The Participant and advocate/support person understand that this arrangement can be terminated or modified at any time by either party, upon written notice.

DECLARATIONS

Declaration by Participant

I declare that I have appointed the representative, advocate or support person named in Part B of this form.

Participant's Name:	
Signature:	Date:

Declaration by Representative

I declare that I have been appointed by the Participant named in Part A of this form as a representative, advocate or support person.

Representative's Name:	
Signature:	Date:

Signed for and on behalf of Independent Nurses Australia Pty Ltd

Independent Nurses Australia Pty Ltd's Representative Name:

Independent Nurses Australia



Advocate or Support Person Request Form

Independent Nurses Australia | ABN 81 675 482 210

Signature:	Date:
------------	-------