

Advocacy Nomination Form

This form is to be included in each Participant's file and is to be reviewed with the participant/advocate/support person each time the Individualised Personal Support Plan is reviewed to ensure ongoing currency of the advocate/support person of their choice.

1 Advocacy Information

- Participants may have an Advocate of their choice accompany them through any procedures or negotiations with ICAS. Participants will be informed of the contact details of advocacy organisations.
- This form is to be used when a participant chooses to nominate a person or organisation to be their advocate.
- An Advocate speaks on behalf of the participant, to ensure the best interests are represented.
- ICAS workers cannot be Formal Advocates for their participants, therefore are not eligible to sign this Advocacy Nomination Form.
- As an Advocate, you cannot provide legal advice under any circumstances (however, you may be able to assist your participant to get in contact with a qualified legal practitioner) unless you are a 'Formal Advocate' appointed with respect to legislation and therefore with legal power to act.

2 Participant Details

Name

Phone

Address

This form is to:

☐

Nominate an Advocate for the first time

☐

Change my nominated Advocate

☐

Advise I do not wish to nominate an Advocate

Type of Nominated Advocate:

☐

Formal

☐

Informal

☐

Professional

I _____ (name)
wish to nominate the person identified in section 3 below to act as my advocate.

I understand that ICAS may discuss details of my care plan and the services provided with my advocate if the need arises.

I understand I can change my choice of advocate at any time, and undertake to advise ICAS of any change verbally and then by completing a new copy of this form.

3 Nominated Advocate Details

Name

Address

State

Postcode

Phone

Email

Effective from Date

Signature of Participant

Date