



Participant Information Checklist

I, (print name) _____

on behalf of (if applicable) _____

1. Have received copies of the documents below and these have been explained to me by the Service Director/Coordinator.

- ICAS Participant Handbook, including:
 - Rights and Responsibilities
 - Feedback & Complaints
 - Privacy & Confidentiality
 - ICAS Services
 - ICAS Easy Read Document Suite

2. I have read understood, signed and returned to ICAS the documents below:

- Advocacy Nomination Form (if applicable)
- Participant Consent Form
- Informed Decision Making Form

Name

Signature

ICAS Delegate Name

Date

ICAS Delegate Signature