

Acorn Community Care

AUTHORITY TO ACT AS AN ADVOCATE

Service User Details:

Name (in full):.....

Address:

.....

Phone:.....

I authorise the person named below to act as an advocate on my behalf and represent my interests in relation to my involvement with Acorn Community Care. I understand that Acorn Community Care may discuss details of my Support Plan/s and the services it provides with my advocate if the need arises.

This authority takes effect from ____/____/____ and replaces any previously advised arrangements. I understand that I can change my choice of advocate at anytime and undertake to advise Acorn Community Care of any such change in writing.

Signed:..... **Date:**

Advocate's Details:

Name (in full):.....

Address:

.....

Phone:.....

As an advocate of the abovementioned person I undertake to ensure that:

- The service user has provided written authority for you to act as their advocate.
- You always act in the best interests of the service user.
- The service user is aware of any issues and developments in relation to the support they receive and which you, as their advocate, may be involved.
- You be familiar with contents of the consumer's Support Plan and Fees Schedule.
- You are familiar with the service user's 'Rights and Responsibilities'.
- You advise Acorn Community Care about any changes in service user's circumstances and any concerns about their changing needs.
- Be prepared to relinquish the role of advocate should the service user wish this.

Signed:..... **Date:**