



Participant Notification of Support Person / Advocate Form – C17

Name of Support Person / Advocate _____

Contact Details:

Phone: _____

Mobile: _____

E-mail: _____

I, _____ hereby acknowledge that Nesian Point (NP) has advised me of the following:

- Nesian Point Advocacy Policy
- Nesian Point Privacy and Confidentiality Policy

I am aware of, and understand that NP may need to collect and disclose a participants personal information to third parties (as required) in order to provide an improved level of care.

I understand that NP must comply with relevant privacy laws and I will contact the organisation immediately if I feel that these laws have been breached.

Signature _____

Date _____

PARTICIPANT CONSENT

I give my consent for my nominated support person / advocate detailed above to act on my behalf in relation to my receiving support services from NP.

Name of participant _____

Signature _____ Date _____

Name of Director or Operations Manager _____

Signature _____ Date _____