

# Capricorn Citizen Advocacy

## ADVOCATE AUTHENTICATION FORM

<b>Form Number:</b>	<b>3.0.4.1</b>	<b>Approved by Management Committee:</b>	27 <sup>th</sup> March 2024
<b>Version:</b>	<b>3.0</b>	<b>Signed off by Executive:</b>	27 <sup>th</sup> March 2024
<b>Responsible person:</b>	<b>Coordinator</b>	<b>Scheduled Review Date:</b>	27 <sup>th</sup> March 2027

### **NDIS Act 2013**

*(13) The role of advocacy in representing the interests of people with disability is to be acknowledged and respected, recognising that advocacy supports people with disability by:*

- (a) promoting their independence and social and economic participation; and*
- (b) promoting choice and control in the pursuit of their goals and the planning and delivery of their supports; and*
- (c) maximising independent lifestyles of people with disability and their full inclusion in the community.*

A person has been appointed as a Citizen Advocate by Capricorn Citizen Advocacy. The person has been oriented, has undergone police checks and is authorised to act as a Citizen Advocate for the person mentioned below with the support of Capricorn Citizen Advocacy.

### **Protégé's Details:**

Full Name: .....

Address: .....

Phone Number(s): .....

Email Address: .....

- I authorise the person named below to act as a Citizen Advocate on my behalf and to represent my interests.
- My advocate has been appointed by and is supported by Capricorn Citizen Advocacy Incorporated. Ph (07) 4922 0299 / 0409 220 072 & [office@capricornca.org.au](mailto:office@capricornca.org.au)
- My advocate may require access to details of services provided to me by my service providers (including NDIS funded providers) when necessary.
- This authority takes effect from ..... (Match Date) and replaces any previous arrangements.

**Advocate's Details**

Name: .....

Address: .....

Phone Number(s): .....

Email Address: .....

**Protégé's Written Consent**

Signed: .....

Date: .....

Witness: .....

Date: .....

**Protégé's Representative (if Protégé not able to give written consent)**

Signature: .....

Date: .....

Name: .....

Witness: .....  
(where appropriate)

Date: .....

**CONFIDENTIALITY:**

All information about the person with disability including information recorded in the Protégé Profile is taken for the sole purpose of assisting to find a Citizen Advocate.

All information collected for this purpose will remain private, secure and confidential at all times in accordance with our relevant policies.

**Capricorn Citizen Advocacy**  
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