

Capricorn Citizen Advocacy

CONSENT OF PROTÉGÉ FORM

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| Form Number: | 3.1.2.1 | Approved by Management Committee: | 27 th March 2024 |
| Version: | 3.0 | Signed off by Executive: | 27 th March 2024 |
| Responsible person: | Coordinator | Scheduled Review Date: | 27 th 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.*

I, _____ hereby give consent to Capricorn Citizen Advocacy to
recruit a Citizen Advocate for myself or _____ (person with disability).

I understand that CCA staff may need to talk about my needs and life experiences with other people. This includes family members, service providers and potential advocates.

I agree Capricorn Citizen Advocacy can speak to relevant and necessary people who have previously been and are currently involved in my life.

I also hereby provide consent to Capricorn Citizen Advocacy to release information to; and if necessary to also obtain information from the following agencies / organisations in order to provide me with effective independent advocacy;

(Tick the agencies that apply)

1. Disability Service Providers
2. National Disability Insurance Agency
3. Queensland Government departments including Central Queensland Hospital & Health Service, Education Queensland and Department of Housing
4. Australian Government including Centrelink
5. The Public Trustee of Queensland
6. The Public Guardian of Queensland
7. Health professionals (e.g. GPs and specialists)
8. Queensland Police Service, Probation and Parole and Correctional Services
9. Other Agencies/ Services not mentioned above: - add the names of other entities

Accepted and Agreed:

I understand that I may withdraw consent at any time.

Full Name: (Please Print)

Signature:

Phone No.:

Email:

Date:/...../.....

If the person is unable to sign, this form is signed on behalf of the abovenamed person by:

- Substitute decision maker:
- Informal decision maker:
- Parent / Other

Full Name: (Please Print)

Signature:

Phone No.:

Email:

Date:/...../.....

Confidentiality & Privacy:

All information about the person with disability, including information recorded in the Protégé Profile is taken for the sole purpose of assisting in finding and supporting a Citizen Advocate. All information remains private, secure and confidential at all times in accordance with our policies.

Capricorn Citizen Advocacy
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