

**Nomination of Support Person (Advocate Form)**

Our clients may have a support person of their choice accompany them through any discussions or negotiations with our service. Parents or legal representatives are accepted as client support people without the need for completion of this form. This form is to be used when a client chooses to nominate an informal support person (individual or organisation) to advocate on their behalf, or change their nominated support person/advocate. The intention is to ensure clarity between the client and the nominated individual/agency about their role. A support person acts to support the client in his or her negotiations with our service. This may include interpreting, providing assistance with communication, and/or advising on the client's needs. An advocate speaks on behalf of the client, to ensure their best interests are represented. The client may choose to have both an informal support person and an advocate, depending on the circumstances.

\_\_\_\_\_

I, \_\_\_\_\_ nominate \_\_\_\_\_ to act as my support  
(Name of client) (person / advocate)

effective from \_\_\_\_\_  
(insert date)

His/her contact details are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
(Signature of client/legal representative)

Date: \_\_\_\_\_

\_\_\_\_\_

**Change of Support Person/Advocate Form**

I, \_\_\_\_\_ wish to change my nominated support person/advocate.  
(Name of client)

Effective from \_\_\_\_\_  
(insert date)

I would like my interests to be represented by, \_\_\_\_\_  
(Name of support person/advocate)

His/her contact details are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
(Signature of client/legal representative)

Date: \_\_\_\_\_

**Authority and Consent**

I hereby:

- 1. Consent to myself or the client travelling on a bus or other form of public or private transport where such transport is deemed by Bethany Care Ltd to be necessary or desirable.
- 2. Consent to the client participating in all activities, programs, outings, excursions and functions.
- 3. I acknowledge that Bethany Care is a Christian organisation and operates as a ministry of Hope Church, Varsity Lakes. I acknowledge and provide my consent for the client to attend the Sunday Church services of Hope if they are a guest at Hope Cottage, if they live within a permanent accommodation venue of Bethany Care's or if they are enrolled in the Sunday Respite Community outing. I understand that if I or the client does NOT wish to attend a Christian Church service then I can elect not access the service on those days.
- 4. I understand Disability Services QLD require service providers to keep a database and report on consumer access on a quarterly basis, this means the clients details will be passed onto Disability Services QLD.
- 5. I give consent for Bethany Care to coordinate care for the client through talking to other service providers.
- 6. Consent to Bethany Care Ltd seeking and obtaining for the client suitably qualified medical or dental personnel in the event of accident or illness.
- 7. Give notice that the client suffers from;

- i. the following illnesses or disabilities and/or takes medication which might interfere with or inhibit any medical or dental attention or treatment

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and also;

- ii. certify that to my knowledge the client does not suffer from any other illnesses or disabilities or take medication which might interfere with or inhibit any medical or dental attention or treatment

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- 8. Agree that all medical, ambulance or dental treatment or advice obtained for the client by Bethany Care Ltd will be obtained as agent on my behalf, and I undertake to pay for such treatment or advice.
- 9. Agree that Bethany Care Ltd will not be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating the client.
- 10. Agree that health specialists maybe contacted as required e.g. Blue Care.
- 11. I agree to provide Bethany Care Ltd with written notification of any alteration to the above.

**Assessment Information Checklist**

I have explained and provided copies of the following information to (client name): .....

Signed by assessment officer: .....

**Advocate Guidelines** - What information and support can be offered to assist clients access an independent support person of their choice. How advocates are required to act on client’s behalf to represent their best interests and wishes

**Client Rights & Responsibilities** – Client rights and responsibilities when using Bethany Care services

**Privacy & Confidentiality** - Client’s rights in relation to privacy and confidentiality of personal information, and how they may access independent supports to help access information held about them

**Documentation Reviews** - Client files are an important source of information about clients, their health, social and treatment needs. Information in client files will be complete, accurate and relevant.

**Complaints & Disputes** - Information regarding our complaints procedures, how we view complaints and our commitment to you

**Health Safety & Welbeing** - What support Bethany will be provide, how the support will be delivered, and how frequently the individual plan will be reviewed . In what format the plan copy will be provided

**Children & Youth** – Information regarding how Bethany supports the rights of children and young people and providing a safe and supportive service environment directed at ensuring safety and wellbeing

**Least Restrictive Alternative Principle** - Procedures for minimising risks to the client without unduly limiting their choices

**Human Rights and Abuse** – Details of the current policies and procedures

**Changing Needs, Aspirations & Choices** – How Bethany handles changing client needs, aspirations and choices

**Service Exit Procedure** – The process for exiting Bethany services

**Conditions of Service** – A description of Bethany’s conditions of service delivery

The above information has been explained and been given to me.

Signed by client/support person: .....

Date: .....

### **Media Authority and Consent**

On occasion Bethany Care Ltd utilizes the media to promote fundraising and special events and to provide information about our programs and services. In all instances we endeavor to promote an image to the community that is consistent with the philosophies of the organisation and which project **a positive image of persons with a disability**.

Media may include but is not limited to:

- Bethany Newsletter
- Newspaper
- Television
- Radio
- Bethany/ Hope videos
- Bethany/ Hope reports
- Bethany/ Hope website
- Social media

Please tick one of the following options:

- I do not provide consent to the publication of the client's image
- I do provide consent to the publication of the client's image
- (a) full name **OR**
- (b) first name only (please circle your choice).

**I have read, understood and agree to the conditions, authority and consent outlined in the Client Information Pack:**

<i>Signature of the person who completed this form</i>		<i>Date</i>
<i>Name of the person who completed this form &amp; Relationship to the Client</i>		
<i>Signature of Bethany Care Representative</i>		<i>Date</i>
<i>Name of Bethany Care Representative</i>		