Rubies Nursing Care

AUTHORITY TO ACT AS AN ADVOCATE

Client 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 Rubies Nursing Care. I understand that Rubies Nursing 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 Rubies Nursing 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 client has provided written authority for you to act as their advocate.
- You always act in the best interests of the client.
- The client 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 client's 'Rights and Responsibilities'.
- You advise Rubies Nursing Care about any changes in client's circumstances and any concerns about their changing needs.
- Be prepared to relinquish the role of advocate should the client wish this.

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