

CDNI Care

Nomination of Advocate and Support Form

About advocacy and support at CDNI Care

CDNI Care recognises our role in helping to improve the quality of life of our Clients through advocacy, representation and support. This occurs through advocating on the Client's behalf and helping them to access the necessary services to help them improve their quality of life.

Clients accessing our services may nominate a representative or support person of their choice to provide support. Examples of representatives or support persons include parents, elders, relatives or legal representatives. Such support persons need to complete the form below to confirm the nomination.

The Client can also expect CDNI Care to advocate on their behalf or the help them access a service that will help advocate on their behalf if requested.

Role of Support Person or Advocate

This support person or advocate may support the Client in his or her contact with CDNI Care including in the following ways:

- providing assistance with communication
- ensuring information is understood
- attending to the Client's personal support needs
- being a point of contact
- ensuring the Client's best interests are represented

Privacy and confidentiality

CDNI Care will uphold their Client's privacy and confidentiality in accordance with our Privacy and Dignity Policy.

CDNI Care will not discuss personal matters without the individual's prior consent or whilst the individual accessing the service is not present.

CDNI Care advocacy

CDNI Care will help advocate on the Client's behalf or can help the Client to access an appropriate advocacy service. In the event of a conflict of interest between one of our Workers and the Client, the Client has the option to use an advocate from a third party to eliminate any conflict of interest.

CDNI Care

Nomination of Advocate and Support Form

Nomination of support person or advocate form

I wish to nominate the person set out in the below section as my support person or advocate. My details are as follows:

Client Details	
Client First Name:	
Client Last Name:	
Contact Number	
Email	

My nominated support person, representative or advocate's details are as follows:

Support Person, representative or advocate details	
First Name	
Last Name	
Relationship to Client	
Address	
Phone Number	
Email	
Preferred method of contact	<input type="checkbox"/> Phone <input type="checkbox"/> Email

I hereby agree that the above support person, representative or advocate may support me:

Name of Client

Signature of Client

Date:

CDNI Care

Nomination of Advocate and Support Form

Acceptance of nomination

I, the person specified and nominated above as a support person, representative or advocate, accept such nomination and agree to act as support person, representative or advocate.

Name of support person, representative or advocate

Signature of support person, representative or advocate

Date: