

**Manning Valley & Area Community Transport Group Inc.**  
**Section 3 Service Delivery**  
**Document 3.10-1-2-v2 Notification of Appointment/Change of Advocate**

CONSUMER NAME:.....

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 Manning Valley & Area Community Transport Group Inc. I understand that the Service may discuss details of my care plan and the services it provides with my advocate if the need arises.

This authority takes effect from (Date)..... and replaces any previous and advised arrangements. I understand that I can change my choice of advocate at any time and undertake to advise the service of any such change in writing.

CONSUMERS SIGNATURE:.....DATE.....

ADVOCATES NAME:.....

ADDRESS:.....

PHONE:.....

I have read the 'Guidelines for Advocates' and agree to act as an advocate for the above named Consumer.

ADVOCATES SIGNATURE..... DATE:.....

- Service to make 2 copies of the above:**  
**Original retained at service**  
**Copy to Consumer**  
**Copy to advocate**

<i>DOC 3.10-1-2-v2</i>	<i>Notification of Appointment/Change of Advocate</i>			<i>Date Approved</i>	
<i>Date Document due for review</i>	<i>Date Document Reviewed:</i>	<i>Amendments</i>	<i>Positions informed/trained in amendments</i>	<i>Method</i>	<i>Date</i>
30/6/18	8/3/16	See improvement request	Team members	meeting	17/3/16