

Chorus supports the principle of self-advocacy and encourages customers to be involved in all decisions that affect them.

An **advocate** is a person who has your authority to represent you. You may appoint an advocate of your choice for any communication with Chorus (for example, during assessments, reviews, case conferences or complaints).

This advocate may be anyone of your choosing such as a family member, friend, or an advocacy service. You can change your advocate at any time.

Advocacy Services

Aboriginal Mediation Service

141 St Georges Terrace
Perth WA 6000
Telephone: 9264 6150
Fixed-line free call: 1800 045 577

Carers WA

182 Lord Street
Perth WA 6000
Telephone: 1300 227 377

Fremantle Community Legal Centre

Level 1, Suite 31 (Fremantle Malls)
35 William St
Fremantle WA 6160
Telephone: 9432 9790

Disability Services Commission

146 – 160 Colin Street
West Perth WA 6005
Telephone: 1800 998 214
Telephone Typewriter: 9426 9315

Health Consumers' Council WA

Unit 6, Wellington Fair
40 Lord Street
Perth WA 6000
Telephone: 9221 3422

State Ombudsman

Level 2 Albert Facey House
469 Wellington Street
Perth WA 6000
Telephone: 1800 117 000

Advocare

The Perron Centre
61 Kitchener Avenue
Victoria Park WA 6100
Telephone: 9479 7566
Fixed-line free call: 1800 655 566

Citizens Advice Bureau

25 Barrack Street
Perth WA 6000
Telephone: 9221 5711

Derbarl Yerrigan Health Service Inc (Aboriginal Corp)

156 Wittenoom Street
East Perth WA 6004
Telephone: 9421 3888

Headwest

645 Canning Highway
Alfred Cove 6154
Telephone: 9330 6370

Health and Disability Service Complaints Office

GPO Box B61
Perth WA 6838
Fixed-line free call: 1800 813 583
Telephone Typewriter: 6651 7640

Translating & Interpreting Service

TIS National
GPO Box 241
Melbourne VIC 3001
Telephone: 131450

Authority to Act as an Advocate



CUSTOMER DECLARATION

I, _____ of _____
Customer Name Customer Address

_____ authorise the person named below to act as an
Address cont.

advocate on my behalf and represent my interests in relation to my involvement with Chorus. I understand that Chorus may discuss details of the services I receive with my advocate. This authority takes effect from _____ and replaces any previously advised arrangements.

Date

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.

Customers Signature: _____

Contact Number: _____ Date: _____

ADVOCATE DECLARATION

You have been asked to be an advocate for _____, this means they would
Customer name

like you to act on their behalf in their dealings with Chorus. Being an advocate may mean your attendance, involvement or assistance may be required during assessments and reviews of services received or if the customer wishes to communicate, negotiate or lodge a complaint with Chorus.

As an advocate of a customer we ask you to be aware of the following and ensure that:

- You always act in their best interests;
- The customer is aware of any issues and developments in relation to the services they receive and which you, as their advocate, may be involved in and is kept informed of any developments;
- You encourage the customer to provide feedback to you about the services they are receiving;
- You advise Chorus about any changes in the customer's circumstances and any concerns about changing customer needs; and
- You are prepared to relinquish the role of advocate should the customer wish this.

I, _____ of _____
Advocate's Name Advocate's Address

_____ consent to act as an advocate for the
Advocate's Address cont.

above-mentioned person and represent their interests in relation to their participation in services with Chorus. I agree to keep all information confidential and not discuss any information with other persons, other than as instructed by the customer.

Advocate's Signature: _____

Contact Number: _____ Date: _____