



Chorus Advocate Nomination Form

Chorus supports people in the community by placing their views and choices at the centre of their care, so they can live the life they choose.

You have been asked to be an advocate for _____.
Customer Name

This means they would like your help by acting on their behalf when they have dealings with Chorus.

Being an advocate means your attendance, involvement, or assistance may be required for a variety of activities. This includes health assessments and reviews of the services received. Your assistance will also be required if the customer wishes to communicate, negotiate or lodge a complaint with Chorus.

As an advocate we ask you to:

- always act in the person's best interests;
- inform them of any issues and developments regarding the services they receive from Chorus;
- encourage them to tell you about the services they are receiving and if there are any quality issues or general concerns;
- when necessary, advise Chorus of any changes to their circumstances and any related concerns to their individual care needs;
- be prepared to renounce the role of advocate at the request of the customer.

Support / Advocate Declaration:

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

_____ ,
give my consent to act as an advocate for the person named in this document and agree to represent their interests in relation to services provided by Chorus. I agree to keep all information confidential and not discuss any information with anyone else, other than when instructed by the person, about their care.

Support /Advocate Name: _____

Signature: _____

Contact Number: _____ Date: _____

Reference Number	Approval date	Revision due
OPS: FRM: 0063	11/05/2020	11/05/2023