



Participant Notification of Support Person / Advocate Form – C17

Name of Support Person / Advocate \_\_\_\_\_

**Contact Details:**

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

I, \_\_\_\_\_ hereby acknowledge that Grow Support Inc. (GROW) has advised me of the following:

- GROW Advocacy Policy
- GROW Privacy and Confidentiality Policy

I am aware of, and understand that GROW may need to collect and disclose a participants personal information to third parties (as required) in order to provide an improved level of care.

I understand that GROW must comply with relevant privacy laws and I will contact the organisation immediately if I feel that these laws have been breached.

Signature \_\_\_\_\_

Date \_\_\_\_\_

---

**PARTICIPANT CONSENT**

I give my consent for my nominated support person / advocate detailed above to act on my behalf in relation to my receiving support services from GROW.

Name of participant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Operations Manager \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_