

**Consent Form**

In order to support you with your advocacy issue we may need to speak to other people. We will need your consent to do this.

If someone else is supporting you or representing your views, please sign below to confirm you have given consent for them to share information and speak to the organisations/people named below. If you are unable to sign this consent form please ask the person completing it to tell us the reason why.

Please read the information below and then sign and date the form as indicated.

- I agree that workers from Advonet may communicate with the organisation(s) and/or people named below in order to assist me with my advocacy issue. I agree that information relating to my advocacy issue may be shared with workers within Advonet.

Organisation / Person .....

Organisation / Person .....

Organisation / Person .....

Organisation / Person .....

Organisation / Person .....

I have read and agree to the paragraph above.

Signature .....Date .....

Name (Please print) .....

**Please sign below if you are supporting or representing the above named person with their advocacy issue/complaint to confirm they have consented to this.**

I (above named)..... confirm that

(name)..... has my consent to act as my representative.

Signature.....