**About advocacy and support at SIRV Group**

SIRV Group recognises our role in helping to improve the quality of life of our clients through advocacy, representation, and support. This occurs through advocating on the Client’s behalf and helping them access the necessary services to help them improve their quality of life.

Clients accessing our services may nominate a representative or support person of their choice to provide support. Examples of representatives or support persons include parents, elders, relatives, or legal representatives. Such support persons need to complete the form below to confirm the nomination.

The Client can also expect SIRV Group to advocate on their behalf or to help them access a service that will help advocate on their behalf if requested.

**Role of Support Person or Advocate**

This support person or advocate may support the Client in his or her contact with SIRV Group including in the following ways:

* Provide assistance with communication.
* ensuring information is understood.
* attending to the Client’s personal support needs
* being a point of contact
* ensuring the Client’s best interests are represented.

**Privacy and confidentiality**

SIRV Group will uphold their client’s privacy and confidentiality in accordance with our Privacy and Dignity Policy.

SIRV Group will not discuss personal matters without the individual’s prior consent or whilst the individual accessing the service is not present.

**SIRV Group advocacy**

SIRV Group will help advocate on the Client’s behalf or can help the Client access an appropriate advocacy service. In the event of a conflict of interest between one of our Workers and the Client, the Client has the option to use an advocate from a third party to eliminate any conflict of interest.

**Nomination of support person or advocate form**

I wish to nominate the person set out in the below section as my support person or advocate. My details are as follows:

|  |  |
| --- | --- |
| **Client Details** | |
| **Client First Name:** |  |
| **Client Last Name:** |  |
| **Contact Number** |  |
| **Email** |  |

My nominated support person, representative or advocate’s details are as follows:

|  |  |
| --- | --- |
| **Support Person, representative or advocate details** | |
| **First Name** |  |
| **Last Name** |  |
| **Relationship to Client** |  |
| **Address** |  |
| **Phone Number** |  |
| **Email** |  |
| **Preferred method of contact** | ☐ Phone  ☐ Email |

I hereby agree that the above support person, representative or advocate may support me:

**Date:**

**Signed** for and on behalf  
of **SIRV Group Trading Pty Ltd  
ABN 98 663 869 887 (SIRV Group)**, by:

……………..…………………………….. Date: ……/……/……..  
Signature

……………..……………………………..   
Name (please print)

Signed by the **Client / Representative**:

……………..…………………………….. Date: ……/……/……..  
Signature

……………..……………………………..   
Name (please print)