Brilliant Care	Form13. Advocate Nomination Form	
Doc No: Form13	Version No: 01	Version Date: 24/06/2026

I,

Participant Name		
Address:	**Street Number**	
	Street Name	
	Area	
	Post Code	
	State	
Phone Number		
Email		

I authorise the person named on this form, mentioned in the **Client Advocate Details** to act as an advocate on my behalf and represent my interests in relation to my involvement with **BRILLIANT CARE PTY LTD.**

I understand that **BRILLIANT CARE PTY LTD** may discuss details of my care with my advocate if the need arises.

This authority takes effect from Day_____/Month_____/Year_____ and replaces any previously advised arrangements.

I understand that I can change my choice of advocate at any time and will advise **BRILLIANT CARE PTY LTD** of this change in writing.

Participant Signature	
Date	Day_____/Month_____/Year_____

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Client Advocate's Details

Advocate's Name		
Address	**Street Number**	
	Street Name	
	Area	
	Post Code	
	State	
Phone Number		
Email		

As an advocate of:

Participant Name	

I will ensure that:

- The participant has provided me with written authority to act as their advocate.
- I always act in the best interests of the participant.
- The participant is aware of any issues and developments in relation to the support they receive and in which I, as their advocate, may be involved.
- I am familiar with the contents of the participant's Support Plan and Fees Schedule.
- I am familiar with the participant's 'Rights and Responsibilities'.
- I advise **BRILLIANT CARE PTY LTD** about any changes in participants' circumstances and any concerns about their changing needs.
- I am prepared to relinquish the role of advocate should the participant wish this.

Advocate's Signature	

Date	Day_____/Month_____/Year_____