

Advocacy

SOUTH WEST Inc

Telephone: (08) 9791 3293
Facsimile: (08) 9791 3361
Email: advocacysw@westnet.com.au
PO Box 295, Bunbury 6231
ABN 33 316 320 784

ADVOCATE REGISTRATION FORM

Date: ____/____/____

Please complete this form and return to:

Advocacy South West (Inc.)
32 Wittenoom Street
BUNBURY WA 6230

Telephone: (08) 9791 3293
Fax: (08) 9791 3361

Please tick one of the boxes:

- Citizen Advocate
 Crisis Advocate
 Associate Advocate
 Volunteer

Name: _____ D.O.B: ____/____/____

Address: _____

Post Code: _____

Telephone (Home): _____ (Work): _____

How long have you lived at this address? _____

Marital Status: _____ Nationality: _____

Members of Family: (parents, children, siblings as applicable) _____

Occupation: _____

Work Address: _____

How long have you worked there? _____

Previous Job: _____

Do you have a Drivers Licence? _____ Do you have a car? _____

What are your personal interests and hobbies? (Please include clubs, organisations etc. if any)

Have you had any contact with people with disabilities? (If so please give details) _____

Citizen Advocacy relationship preference: (Please Tick)

- () Male () Teenager
() Female () Adult
() No Preference () Elderly Person

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- Child
 New Born/Unborn

Citizen Advocates choose the investment they wish to make; and choose together with the person with a disability, the direction and content of their relationship.

Advocacy Roles (Please Tick)

- Instrumental Advocacy. (Eg. Help resolve practical material problems)
 Spokesperson for a person with a disability.
 Expressive Advocacy. (Eg. Meet needs for communication, relationships, support and love)
 A combination of the above.
 Formal legalised Roles. (Eg. Adoptive parent, guardian, foster parent, power of attorney)
 Crisis Advocate

Other Considerations for the Advocate: (Please Tick)

- Has more than one impairment
 Has limited speech
 Lives in a restrictive Setting
 Is unable to communicate his/her feelings or speak

Would you consider being an Advocate for someone who: (Please Tick)

- Has more than one impairment
 Has limited speech
 Lives in a restrictive setting
 Is unable to communicate his/her feelings or speak to you

How did you hear about the Citizen Advocacy program? _____

Please tell us a little about why you wish to become a Citizen Advocate. _____

Do you wish to make any further comment? _____

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Character References:

(Give the Name, Address, Phone & Relationship of three referee's)

Name: _____ **Telephone:** _____

Address: _____

Relationship: _____

Name: _____ **Telephone:** _____

Address: _____

Relationship: _____

Name: _____ **Telephone:** _____

Address: _____

Relationship: _____

I would like to become a Citizen Advocate, and I give my permission for you to contact the above people regarding my application to be an Advocate.

Signed: _____

Date: ___/___/___

Check List:

- Registration Form Completed
- Privacy, Confidentiality Policy
- Complaints & Disputes Procedures
- Advocacy South West (Inc) Handbook