

Date Of Request: \_\_\_\_\_

Requested By:  On own behalf (Sections A, C, D, E, F)  
 By another Party (Sections A, B, C, D, E, F)

### SECTION A: DETAILS OF PERSON REQUIRING ASSISTANCE

Full Name:		
Street Address:		
Telephone:		
Email:		
Date of Birth:		Age (if date of birth unknown):
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
List all Diagnosed Permanent Disabilities:	<p><b>Please do not list Complex Medical or Health Conditions</b></p> <hr/> <hr/> <hr/> <hr/> <hr/>	
Indigenous Status:	<input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander	
Cultural Background:	<input type="checkbox"/> English Speaking Background <input type="checkbox"/> Non-English Speaking Background Language Spoken at Home: _____ <input type="checkbox"/> English as 2 <sup>nd</sup> Language	
NDIS Participant:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Seeking Access	
Current Living Situation	<input type="checkbox"/> Own <input type="checkbox"/> Private Rental <input type="checkbox"/> Public Housing <input type="checkbox"/> Group Home <input type="checkbox"/> Homeless <input type="checkbox"/> Other (please describe) _____	
Appointed Decision Makers	<input type="checkbox"/> Power of Attorney/Enduring Power of Attorney <input type="checkbox"/> Office of Public Guardian/Other QCAT appointed Guardian <input type="checkbox"/> Public Trustee/Other QCAT Appointed Financial Administrator <input type="checkbox"/> NDIS Plan Nominee	

### SECTION B: DETAILS OF OTHER PARTY MAKING REQUEST

Your Name / Organisation's name:		
Your relationship with the person:		
Contact Number:		
Email:		
Does the person know, understand and consent to you making this request?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION C: ISSUE/S**

Please give an overview of why advocacy is needed

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**SECTION D: STEPS ALREADY TAKEN**

Please describe of what steps have already been taken to try and resolve these issue(s)

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**SECTION E: OUTCOMES SOUGHT**

Please describe the outcomes you want an advocate to help you achieve

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**SECTION F – TIME FRAME OF NEED FOR ADVOCACY**

If any of your issues need to be addressed by a particular date, please list the date(s) here

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***Signature of person making request:*** (Not required for requests submitted electronically)

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