

This form is to confirm you have been provided with a Welcome Pack including the following documents:

Advocacy Providers List

Authority to Act as an Advocate Form

Easy Read documents

- **Complaints**
- **Conflict of Interest**
- **Incident Reporting**
- **Privacy**
- **Rights**
- **Zero Tolerance**
- **Participant Survey**
- **Service Handbook**

Participant Details

Participant Name	
NDIS Number	

Signature

Signature of [participant/participant's representative]

Name of [participant/participant's representative]

Date