



ADVOCACY SERVICE INITIATION FORM

Parent/Carer Name: _____

Address: _____

Contact Telephone: _____

Child's Name: _____ DOB: _____

State below the issue and required action of PODC:

PODC confirms that any information provided by you will remain confidential and that no action will be taken without your consent.

I give permission for PODC to escalate and /or progress the above issue with the relevant organisation/s on our families behalf.

Signature of Parent/Carer: _____

Name of Parent/Carer (Please print): _____

Date: _____

Please send completed form to info@podc.org.au or post to PO box 4748 North Rocks NSW 2151

PODC considers your personal information to be confidential and will only be used for our primary function. For further information regarding privacy, see our privacy statement at www.podc.org.au