



Advocacy Nomination Form

This form should be used for you to give permission to a friend, family member or support worker to talk to Shropshire HomePoint on your behalf.

Please use Capitals when filling in this form.

Applicant's Name(s):

Address:

Contact telephone number:

I/We wish to nominate an Advocate to act on **my/our** behalf in matters relating to **my/our** application.

Applicants Signature :

Date :

Advocate's Name(s):

Address:

Contact telephone number:

Relationship to Applicant: i.e. relative/friend/home help etc please specify:

Advocate's acceptance:

I confirm that I am prepared to act as advocate for the above named, in respect of their HomePoint application.

Advocate's Signature:

Date :