

## Specialist Victims Support Service

### Representative nomination form

SVSS client – Full name

SVSS file number *(if known)*

Telephone no.

#### Preferred contact

Landline

Mobile

#### Preferred time of contact (between 9am and 5pm)

I agree the team can leave a voicemail if unable to make phone contact

Email

Post

#### Details of nominated representative

Title Full name

Organisation name *(if applicable)*

Relationship to SVSS client

Postal address

Contacts Landline

Mobile

Email address

If Family Victim Victim's name

Relationship to victim

#### I authorise the nominated representative to:

be able to act on my behalf and make enquiries to the Specialist Victim Support Service *(this means the nominated representative can act in place of you for all enquiries, make submissions on your behalf and will receive the same level of information as you)*

receive all written correspondence on my behalf *(all letters will be sent to the nominated representative **instead** of you)*

receive a copy of all written correspondence *(all letters will be sent to the nominated representative **and** you)*

**I do not wish for the nominated representative to receive any written correspondence on my behalf**

*(all letters will be sent to you only)*

#### Important information

- It is your responsibility to ensure that the person nominated on this form understands what you are allowing them to enquire about and any limitations you may place on this authority.
- You can request to remove the nominated representatives authority at any time; this request must be made in writing and will remove the persons authority to act on your behalf and/or receive correspondence.
- The nominated person will not have authority to change the level of notification you receive about the Mental Health Review Tribunal without your written consent.
- The nominated representative will not have authority to remove you from the Victims Register without your written consent.

I understand that I am authorising the Specialist Victim Support Service to exchange my information with the above nominated person or organisation. I understand that contact will be made according to the conditions listed on this form and for the purpose of assisting in my participation with the Specialist Victim Support Service.

Signature

Date signed

Thank you for completing the form. A member of our team will be in contact to discuss further.