

PARTICIPANT ACKNOWLEDGEMENT

PARTICIPANT/GUARDIAN DETAILS

Surname:

First Name:

PARTICIPANT/GUARDIAN ACKNOWLEDGEMENT

I, _____ acknowledge receipt of information from FABIC about:
(Full Name)

- My rights and responsibilities, including my right to access a support person of my choice, such as an advocate, in my dealings with FABIC
- My Privacy rights and FABIC's legal obligations with respect to sharing information;
- FABIC, the services offered and other support services available;
- How to access, leave or re-access FABIC's services;
- Eligibility and Priority of Access Requirements;
- Conditions that may apply to service provision;
- Fees to be charged, what the fees cover, timelines for payment and the process for addressing difficulties in making payment; and
- The process for providing feedback or making a complaint, including about fees or the information provided about fees.

Participant's Full Name:

Date:

Signature of Participant/Guardian:
