PARTICIPANT ACKNOWLEDGEMENT



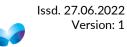
PARTICIPANT/GUARDIAN DETAILS

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.
Pai	rticipant's Full Name: Date:

Signature of Participant/Guardian:



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