

ENDURING POWER OF GUARDIANSHIP

FORM OF APPOINTMENT

(your name) I

(your address)

(your occupation)

appoint

(your guardian's name)

(your guardian's address)

(your guardian's occupation)

to be my guardian.

I authorise my guardian if, and only to the extent that, I subsequently become unable by reason of disability to make reasonable judgements in respect of any matters relating to my personal circumstances, to exercise the powers of a guardian under section 24 of the *Guardianship and Administration Act* 1986, being all the powers that a parent may exercise in respect of his or her child, including:

(cross out whichever does not apply)

- to decide where I am to live, whether permanently or temporarily;
- to decide with whom I am to live;
- to decide whether I should or should not be permitted to work and, if so:
 - the nature or type of work; and
 - for whom I am to work; and
 - matter related thereto;
- to consent to any health care that is in my best interests;
- to restrict visitors to such an extent as may be necessary in my best interests and to prohibit visits by any person if my guardian reasonably believes that visits by that person would have an adverse effect on me;

but subject to the following limitations:

(list limitations you wish to place on guardian's powers)

.....
.....
.....

I require my guardian to take into account the following wishes in exercising, or in relation to the exercise of, the powers conferred by this appointment:

.....
.....
.....

This is an appointment of enduring guardian made under Division 5A of Part 4 of the *Guardianship and Administration Act 1986*.

(your signature)

Signature of appointor:

Date:

Note: An enduring guardian will be able to make decisions on your behalf on all health care and lifestyle matters you empower your enduring guardian to make. If you give your enduring guardian power to make decisions about your health care, your enduring guardian will be able to consent or withhold consent to medical or dental treatment on your behalf.

If your enduring guardian withholds consent to proposed medical or dental treatment, a practitioner may only provide the treatment if the practitioner believes on reasonable grounds that it is in your best interests to do so and if the practitioner gives your enduring guardian the opportunity to refer the matter to the Victorian Civil and Administrative Tribunal (the Tribunal) for determination.

If you wish to appoint a person who can, unless the Tribunal otherwise determines, refuse medical treatment on your behalf, you will need to appoint a person as your agent under the *Medical Treatment Act 1988*.

If you are considering appointing an agent under the *Medical Treatment Act 1988* –

- You should ensure that you understand the rights and powers which an appointment under the *Medical Treatment Act 1988* confers on your agent; and
- You may wish to appoint the same person as your agent under the *Medical Treatment Act 1988* as the person you appoint as your enduring guardian, although you may choose a different person for each role.

If you appoint or have already appointed a person as your agent under the *Medical Treatment Act 1988* and another person as your enduring guardian:

- The decision of your agent under the *Medical Treatment Act 1988* will have priority over the decision of your enduring guardian in relation to any proposed medical treatment; and
- Your agent under the *Medical Treatment Act 1988* will be able to refuse to consent to medical treatment on your behalf in all circumstances regardless of any consent to the treatment that your enduring guardian may give or wish to give.

ACCEPTANCE OF APPOINTMENT

(your guardian's name) I.....

(your guardian's address)

(your guardian's occupation)

accept appointment as a guardian under this instrument and undertake to exercise the powers conferred honestly and in accordance with the provisions of the *Guardianship and Administration Act 1986*.

(guardian's signature) Signature:

Date:

CERTIFICATE OF WITNESSES

(witnesses' names) We

(witnesses' addresses)

.....

.....

certify

- that both the appointor and the proposed guardian have signed this instrument freely and voluntarily in our presence; and
- that both the appointor and the proposed guardian appeared to understand the effect of this instrument.

(signature of witness authorised to witness the signing of statutory declarations) Signature:

Date:

(signature of other witness) Signature:

Date: