

Enduring power of guardianship

Form of appointment

Print name here 1. I, _____

Print your address here of _____

Print your occupation here _____

Print the full name of your guardian here appoint _____

Print your guardian's address here of _____

Print your guardian's occupation here _____

to be my guardian.

2. I authorise my guardian if, and only to the extent that, I subsequently become unable by reason of a disability to make reasonable judgements in respect of any matters relating to my person or 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 -

- 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
 - matters related thereto; and
- to consent to any health care that is in my best interests;
- to restrict visitors to such 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.

(Delete any powers you do not wish your guardian to exercise. If you do not delete any powers, you will be deemed to have authorised your guardian to exercise the full powers of a guardian under section 24 of the Guardianship and Administration Act 1986.)

List limitations you wish to place on your guardian's powers here

but subject to the following limitations:

List any wishes that you want your guardian to take into account when making decisions on your behalf

3. 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:

Four horizontal lines for listing wishes.

If applicable print the full name of your alternative guardian here

4. I appoint _____

Print your alternative guardian's address here

of _____

Print your alternative guardian's occupation here

to be my alternative guardian in place of, and with the same powers as, my guardian appointed under paragraph 1 if that person is incapable of acting as my guardian or is absent for a period.

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

Sign your name and insert date here

Signature of appointor _____ Date _____

Certificate of witnesses

Print the full name of the person who is authorised to witness the signing of statutory declarations here

We, _____

Print the address of this first witness here

of _____

Print the occupation of your first witness here

Print the full name of your second witness here

and _____

Print the address of your second witness here

of _____

Print the occupation of your second witness here

certify -

- a) that the appointor has signed this instrument freely and voluntarily in our presence; and
b) that the appointor appeared to understand the effect of this instrument.

First witness signs and dates

Signature _____ Date _____

Second witness signs and dates

Signature _____ 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; and

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 by guardian

Print your guardian's full name here

I, _____

Print your guardian's address here

of _____

Print your guardian's occupation here

_____ 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*.

Your guardian signs and dates

Signature _____ Date _____

Certificate of witnesses

Print the full name of the person who is authorised to witness the signing of statutory declarations here

We, _____

Print the address of this first witness here

of _____

Print the occupation of your first witness here

Print the full name of your second witness here

and _____

Print the address of your second witness here

of _____

Print the occupation of your second witness here

certify -

- a) that the proposed guardian has signed this instrument freely and voluntarily in our presence; and
- b) that the proposed guardian appeared to understand the effect of this instrument.

First witness signs and dates

Signature _____ Date _____

Second witness signs and dates

Signature _____ Date _____

Acceptance of the appointment by alternative guardian

Print your alternative guardian's full name here

I, _____

Print your alternative guardian's address here

of _____

Print your alternative guardian's occupation here

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*.

Your alternative guardian signs and dates

Signature _____ Date _____

Certificate of witnesses

Print the full name of the person who is authorised to witness the signing of statutory declarations here

We, _____

Print the address of this first witness here

of _____

Print the occupation of your first witness here

Print the full name of your second witness here

and _____

Print the address of your second witness here

of _____

certify -

- a) that the proposed alternative guardian has signed this instrument freely and voluntarily in our presence; and
- b) that the proposed alternative guardian appeared to understand the effect of this instrument.

First witness signs and dates

Signature _____ Date _____

Second witness signs and dates

Signature _____ Date _____