

DO YOU NEED AN ENDURING POWER OF GUARDIANSHIP?

An Enduring Power of Guardianship (“EPG”) is a legal document in which you appoint someone else with the power to make decisions for you and act on your behalf with respect to personal matters (including your living arrangements) and medical matters.

An EPG comes into effect only if you are unable to make reasonable judgments about personal matters (including your living arrangements) and medical matters, which is required (this ability is referred to as “capacity”).

Guardian or Guardians

You can appoint:

1. One person to be your Enduring Guardian with an alternative person to act as your Enduring Guardian, in the event that the person appointed is unable to act as your Enduring Guardian; or
2. Two persons to be your Enduring Guardians together.

An Enduring Guardian can make decisions in the areas, or functions, specified in their appointment. The most common functions are to make decisions with respect to:

- Where to live;
- Healthcare;
- Which personal services are required; and
- Who you associate with.

There are some functions an Enduring Guardian cannot undertake:

- Voting on your behalf;
- Making decisions about the care or wellbeing of the your children;
- Making (or revoke) a will;
- Make (or revoke) an enduring power of attorney;
- Consent to a marriage or a sexual relationship or the dissolution of a marriage;
- Make decisions about adoption of a child;
- Enter into surrogacy arrangements;
- Manage the principal’s estate on their death; and
- Consent to an unlawful act.

When deciding on whom to appoint, you should consider who would best understand your values and wishes, and who would have the skills to make good decisions for you.

Planning ahead includes thinking about a time when you might need help with everyday life, such as shopping or housework. You may need extra care at home, or you might need to move to a nursing home or hostel.

Appointing an Enduring Guardian is a good way to plan ahead for possible changes in your ability to manage everyday life.

You can appoint one or more Enduring Guardians to make decisions about your care, accommodation and health needs if you ever lose the capacity to make these decisions yourself.

It is best if you talk to your Enduring Guardians about your wishes.

How do I appoint an Enduring Guardian?

If you want to appoint an Enduring Guardian, you must complete a form of appointment, which we can assist you with.

The person(s) you appoint as your Enduring Guardian(s) must also sign the form to show that they have agreed to be your guardian.

All signatures on the form must be witnessed by an eligible witness. An eligible witness is a legal practitioner, Registrar of the Local Court.

You may wish to plan your future medical care according to your beliefs, values and preferences. You can do this by preparing an Advanced Health Directive. See **“DO YOU NEED AN ADVANCED HEALTH DIRECTIVE?”**

Please note that neither an AHD nor an Enduring Power of Guardianship will cover your financial affairs so you may also need an Enduring Power of Attorney. See **“DO YOU NEED AN ENDURING POWER OF ATTORNEY?”**

INSTRUCTIONS FOR AN ENDURING POWER OF GUARDIANSHIP

PLEASE NOTE THAT an Advance Health Directive only comes into effect if you are unable to make reasonable judgments about the treatment decision at the time that the treatment is required.

YOUR DETAILS

Full Name:

Address:

Date of Birth:

YOUR ENDURING GUARDIAN'S DETAILS

Guardian 1

Full Name:

Address:

Date of Birth:

Guardian 2

Full Name:

Address:

Date of Birth:

Please Note: if you appoint more than one Enduring Guardian they must act jointly. We recommend that you appoint no more than two joint Enduring Guardians.

YOUR ALTERNATE ENDURING GUARDIAN'S DETAILS IF FIRST ENDURING GUARDIANS ARE UNABLE TO ACT:

Alternate Guardian 1

Full Name:

Address:

Date of Birth:

Alternate Guardian 2

Full Name:

Address:

Date of Birth:

DEATH OF JOINT ENDURING GUARDIAN

If one or more of my Joint Enduring Guardians die (please choose from of the following):

I want the surviving Enduring Guardian(s) to act; OR

I do not want the surviving Enduring Guardian(s) to act.

FUNCTIONS OF ENDURING GUARDIAN(S)

Please tick one of the following boxes:

- I Authorise my Enduring Guardian(s) to perform all of the functions of an Enduring Guardian, including making all decisions about health care and lifestyle; OR
- I ONLY Authorise Enduring Guardian(s) to: (please tick the relevant boxes below)
- decide where I am to live, whether permanently or temporarily;
 - decide with whom I am to live; decide whether I should work and, if so, any matters related to my working;
 - consent, or refuse consent, on my behalf to any medical, surgical or dental treatment or other health care (including palliative care and life sustaining measures such as assisted ventilation and cardiopulmonary resuscitation);
 - decide what education and training I am to receive; decide with whom I am to associate;
 - commence, defend, conduct or settle on my behalf any legal proceedings except proceedings relating to my property or estate;
 - advocate for, and make decisions about, which support services I should have access to; seek and receive information on my behalf from any person, body or organisation;
 - Other:

CIRCUMSTANCES IN WHICH THE ENDURING GUARDIAN MAY ACT

Please tick one of the following boxes:

- I do not want to limit the circumstances in which the enduring guardians may act.
- I wish for the enduring guardians only to act only during the period which the State Administrative Tribunal ("SAT") declares that I do not have legal capacity. This will require the enduring guardians to make an application to the SAT for a declaration as to my legal incapacity.
- I wish for the Enduring Power of Guardianship to take effect only during the following circumstances: (eg Guardian resides in WA):
.....

DIRECTIONS ABOUT HOW THE ENDURING GUARDIAN IS TO PERFORM FUNCTIONS

Please tick one of the following boxes:

- I do not want to include any directions about how the enduring guardians are to perform their functions.
- I want to include certain directions (e.g. If I need to be moved to a residential care facility do not move me into XYZ nursing home; I would prefer...):

ADVANCE HEALTH DIRECTIVE

Please tick one of the following boxes:

- I do not have an Advance Health Directive.
- I do have an Advance Health Directive AND I would like this acknowledged in my Enduring Power of Guardianship.
- I do have an Advance Health Directive AND I do not want this mentioned in my Enduring Power of Guardianship.
- I would like to prepare an Advance Health Directive as well.