

INFORMATION REQUIRED FOR PREPARATION OF ENDURING POWERS OF GUARDIANSHIP

An Enduring Power of Guardianship is the document by which you (known as either 'the Appointor' or 'the Maker') appoint a person or persons to make health, medical and lifestyle decisions for you whilst you are alive but incapacitated by mental or physical infirmity.

It would be usual for you to appoint your spouse/life partner as the principal Guardian for you, but you should consider the appointment of a substitute Guardian if your spouse/life partner does himself/ herself ultimately also suffer from a physical or mental infirmity.

The form of Enduring Power of Guardianship requires that the Guardian cannot make health or medical decisions affecting you unless and until you have been declared by your regular Medical Practitioner (or by some more comprehensive methodology of assessment and declaration of incapacity determined by you*) to be incompetent to understand make such decisions yourself because of a terminal or prolonging mental or physical infirmity.

If you have a strong desire to nominate certain medical procedures or medications that you either do or do not want administered to you in the event that you become unable to communicate those wishes at a particular time OR you have particularly strong views as to the lengths your Guardian should take to have your wishes concerning medical treatment or palliative care observed, you can also consider making an Advanced Health Directive to clearly express your wishes around such specific medical or treatment of lifestyle matters.

If you feel strongly about such matters, please inform me of that wish and I can give you a copy of several optional and indicative forms of Advance Health Directive for you to consider and/or amend to better suit your wishes and intentions. Your Guardian under an Enduring Power of Guardianship will be bound to follow your clear instructions about such matters if the occasion arises when you are unable to communicate that wish yourself.

First Appointor's Details

Full Name of Appointor:

Address of Appointor:

Date of Birth:

General: Yes/No

Incapacity: Yes/No

Previous Enduring Power of Guardianship to be revoked?

Yes/No

If yes, details of Guardians:
(approx. date of EPG made:)

Full Name of Retiring Guardian:

Address of Guardian:

New Guardian's Details	
Full Name of Principal Guardian:	
Address of Guardian:	
Relationship to you:	
Full Name of 2 nd Principal Guardian (if desired to act jointly with Principal Attorney):	
Address of 2 nd Principal Guardian:	
Relationship to you:	
Full Name of Substitute Guardian:	
Address of Substitute Guardian:	
Relationship to you:	
Full name of 2 nd Substitute Guardian (if desired to act jointly and severally with Substitute Attorney):	
Address of Substitute Guardian:	
Relationship to you:	
Second Appointor's Details	
Full Name of Appointor:	
Address of Appointor:	
Date of Birth:	
Previous Enduring Power of Guardianship to be revoked?	
Yes/No	
If yes, details of Guardians: (approx. date of EPG made:)	
Full Name of Retiring Guardian:	
Address of Guardian:	
New Guardian's Details	
Full Name of Principal Guardian:	
Address of Principal Guardian:	
Relationship to you:	
Full Name of 2 nd Principal Guardian (if desired to act jointly and severally with Principal Guardian):	
Address of 2 nd Principal Guardian:	
Relationship to you:	

Full Name of Substitute Guardian:	
Address of Substitute Guardian:	
Relationship to you:	
Full Name of 2 nd Substitute Guardian (if desired to act jointly and severally with Substitute Guardian):	
Address of 2 nd Substitute Guardian:	
Relationship to you:	
<i>End</i>	