

Instruction Form

Enduring Power of Attorney for Personal Care & Welfare

Refer to last page for general information relating to EPA for Personal Care & Welfare

Your Details (as Donor):

Title: _____
Full Legal Name: _____
Address: _____
Occupation: _____
Email Address: _____
Phone Number: _____

Previous EPAs:

Do you have existing EPAs? Yes No

Attorney:

Title: _____
Full Legal Name: _____
Address: _____
Occupation: _____
Email Address: _____
Phone Number: _____
Relationship to You: _____

What Your Attorney Can Act On

- All personal care and welfare affairs
- Particular aspect of care only (list below)

Do you want to place conditions or restrictions on your Attorney?

- No conditions or restrictions
- Conditions and/or restrictions (list below)

Successor Attorney Details (Optional):

Do you wish to appoint a Successor Attorney? Yes No

Successor Attorney:

Title: _____
Full Legal Name: _____
Address: _____
Occupation: _____
Email Address: _____
Phone Number: _____
Relationship to You: _____

Do you want your Attorney to consult with and/or provide information to another person?

No

Yes (Complete details below)

Attorney AND Successor Attorney

Successor Attorney Only

Consult With

Provide Information To

Title: _____

Full Legal Name: _____

Address: _____

Occupation: _____

Email Address: _____

Phone Number: _____

Relationship to You: _____

Power of Attorney in Relation to Personal Care & Welfare

You can only appoint one person to act as your Attorney for Personal Care & Welfare matters.

Matters covered by the Power of Attorney in Relation to Personal Care & Welfare can be limited to one specific matter, such as a particular medical treatment, or it can be in relation to all aspects of your personal care and welfare.

The matters set out below are those that you may include in your Power of Attorney. If you prefer, you can delete one or all of these.

1. You may place conditions and restrictions on your Attorney.
2. You can appoint a Successor Attorney to succeed your Attorney. This could be useful if your Attorney became mentally incapable themselves or died.
3. You may require that your Attorney consult with others, including you, prior to making a decision. For example, you may require that members of your family are consulted before a decision is made as to whether you should live in a rest home.
4. You can require that your Attorney provide specific information to particular people named by you who request it. For example, if you wanted the details of your medical history provided to certain family members, this could be provided for in the document.
5. You can require that your Attorney seek advice from (consult with) particular people named by you before making decisions. You can record whether this is to apply to both your Attorney and your Successor Attorney, or only to your Successor Attorney, and can be in relation to all personal care and welfare affairs or limited to a particular care aspect.