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## INSTRUCTIONS FOR AN ENDURING POWER OF GUARDIANSHIP

### YOUR DETAILS

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### YOUR ENDURING GUARDIAN'S DETAILS (Maximum 2)

1. Full Name: \_\_\_\_\_ 2. Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Note: if more than one Enduring Guardian they must act jointly. Butcher Paull & Calder recommends that you appoint no more than two joint Enduring Guardians.

### YOUR ALTERNATE ENDURING GUARDIAN'S DETAILS (Maximum 2) if first Enduring Guardians are unable to act:

1. Full Name: \_\_\_\_\_ 2. Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Note: if more than one Enduring Guardian they must act jointly. Butcher Paull & Calder recommends that you appoint no more than two joint Enduring Guardians.

### DEATH OF JOINT ENDURING GUARDIAN

- If one or more of my Joint Enduring Guardians die, I want the surviving Enduring Guardian(s) to act; **OR**
- If one or more of my Joint Enduring Guardians die, I do not want the surviving Enduring Guardian(s) to act.

### FUNCTIONS OF ENDURING GUARDIAN(S)

- Authorise Enduring Guardian(s) to perform all of the functions of an Enduring Guardian, including making all decisions about health care and lifestyle. **OR**
- ONLY Authorise Enduring Guardian(s) to:
  - 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;
- \_\_\_\_\_
- \_\_\_\_\_

**CIRCUMSTANCE IN WHICH THE ENDURING GUARDIAN MAY ACT**

Please tick one of the following:

- do not want to limit the circumstances in which the enduring guardians may act.
- 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.
- 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:

- 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:

- 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 not want this mentioned in my Enduring Power of Guardianship

**SIGNING ENDURING POWER OF GUARDIANSHIP**

- I wish to make an appointment with Butcher Paull & Calder to sign my Enduring Power of Guardianship. My contact numbers are (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_; **OR**
- Please send my Enduring Power of Guardianship to me together with an instructions sheet on how to sign it.