T O P D O C S . C O M . A U

# TOPDOCS

**APPOINTMENT OF ENDURING GUARDIAN - NSW**

**FULL SERVICE ORDER FORM**

To order your Appointment of Enduring Guardian - NSW documents:

1. Complete all relevant fields in BLOCK LETTERS
2. Mail, fax or email this form to Topdocs –

Address: **Suite 2, Level 2, 22 Albert Road South Melbourne VIC 3205**; Fax: **(03) 8256 0108**;

Email: [**or**](mailto:orders@topdocs.com.au)[**ders@topdocs.com.au**](mailto:ders@topdocs.com.au)

**SECTION A (I): PERSON/ADVISER ORDERING DETAILS**

|  |  |  |
| --- | --- | --- |
| Name: | | Signature: |
| Company Name: | | |
| Postal Address: | | |
| Date Of Order:    /    / | | Your Ref: |
| Phone: (     ) -       - | Fax: (     ) -       - | Email: |

**SECTION A (II): PAYMENT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enclosed is payment for the sum of: $ | | | | |
| Direct Debit\* | Visa | Mastercard | | Cheque |
| Card Holder Name: | | | | |
| Credit Card Number:      -      -      - | | | | |
| Expiry Date:    / | | | Authorised Card Signature: | |

\*To pay by Direct Debit you must have a current Direct Debit agreement with Topdocs. If you would like to arrange for Direct Debit for future purchases please contact Topdocs on **1300 65 92 42**

**SECTION B: APPOINTOR**

**The Appointor is the person who is appointing a guardian under the Enduring Power of Guardianship.**

|  |  |
| --- | --- |
| **Appointor** | Full Name: |
| Alias (if any): | |
| Address: | |
| Occupation: | |

**SECTION C (I): GUARDIAN(S) TO BE APPOINTED**

**The Guardian(s) are the person or persons the Appointor wishes to appoint as their Guardian.**

**Note: An enduring guardian must be 18 years of age and not have any connection with those who provide the appointor health care or service for a fee.**

|  |  |  |
| --- | --- | --- |
| **Guardian 1** | Full Name: | |
| Alias (if any): | | |
| Address: | | |
| Relationship to the Appointor: | | Occupation: |

|  |  |  |
| --- | --- | --- |
| **Guardian 2** | Full Name: | |
| Alias (if any): | | |
| Address: | | |
| Relationship to the Appointor: | | Occupation: |

|  |  |  |
| --- | --- | --- |
| **Guardian 3** | Full Name: | |
| Alias (if any): | | |
| Address: | | |
| Relationship to the Appointor: | | Occupation: |

**SECTION C (II): GUARDIANS TO ACT (IF MORE THAN 1 GUARDIAN)**

|  |
| --- |
| Jointly |
| Severally |
| Jointly and Severally |

If acting jointly, if one of my guardian(s) dies, resigns or loses capacity, is this appointment to terminate?

Yes No

**SECTION D: ALTERNATE GUARDIAN**

**Note: You may only appoint up to one alternate guardian.**

|  |  |  |
| --- | --- | --- |
| **Alternate Guardian** | Full Name: | |
| Alias (if any): | | |
| Address: | | |
| Relationship to the Appointor: | | Occupation: |

**SECTION E: FUNCTIONS**

|  |
| --- |
| **Note: You may provide your guardian with authority at act for you in relation to all or some of the functions set out below. You may also add additional functions you wish your guardian to exercise on your behalf. If you wish to add additional functions, please contact us.** |
| **General**  to have all the powers set out in the section below: |
| **OR** |
| **Specific**  (please tick any one or more of the below)  To decide where I am to live  To decide what health care I receive  To decide what other kinds of personal services I receive  To consent to the carrying out of medical or dental treatment on me (in accordance with Part 5 of the *Guardianship Act 1987*) |

**SECTION F: LIMITATIONS ON GUARDIAN’S POWERS**

|  |
| --- |
| **Note: You may impose limitations on the authority of your guardian. If you do not wish to impose any limitations on the guardian, please select ‘none’. We have provided some examples below. If required, you may select any of them. If you wish to impose other limitations, please contact us.**  **None** |
| **OR** |
| **I wish to place specific limitations on my guardian’s powers** *(Please tick any one or more of the below*)  My guardian must consult with       *(insert relationship with the appointor and name and address of individual(s))* on any important decisions about my health care and welfare.  Before agreeing to move me to a nursing home or facility, my guardian must consult with:       *(insert relationship with the appointor and name and address of individual(s))*  To the extent permitted by law, I require my guardian to withhold consent to the following medical treatment(s):       *(insert type of medical treatment)* |

**SECTION G: DIRECTIONS**

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| **Note: You may provide directions to your guardian about how you want them to carry out their functions. If you do not wish to provide any directions, please select ‘none’. We have provided some examples below. If appropriate, you may select any of them. If you wish to provide other directions, please contact us.**  **No specific directions** |
| **OR** |
| When my guardian assumes his or her role, my guardian must notify:  *(insert relationship with the appointor and name and address of individual(s))* of my condition and the nature of my illness.  My guardian must provide details of all important decisions about my health care and welfare they have made to:  *(insert relationship with the appointor and name and address of individual(s))*  If I require long-term care in a facility outside my home,  I would prefer to live close to my       *(insert relationship with the appointor and name and address of individual(s))*.  I want my guardian to try       *(insert name)* nursing home first.  I desire that my guardian arrange for       *(insert relationship of the individual(s) with the appointor)* to visit me on a regular basis.  I desire that my guardian arrange for me to attend       *(insert details of the activity or place)* on a regular basis.  I require my guardian to refer to my Advance Care/Health Directive when making medical and health care decisions. |