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

# TOPDOCS

**APPOINTMENT OF ENDURING GUARDIAN - TAS**

**FULL SERVICE ORDER FORM**

To order your Appointment of Enduring Guardian - TAS 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 the guardian under the appointment of enduring guardian.**

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

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

**The guardian(s) are the person or persons the Appointor wishes to appoint as their guardian. A person nominated as guardian must not be in a position where their own interests conflict with the best interests of the appointor. For example, the appointor must not appoint a person who is directly or indirectly involved in an administrative or professional capacity in their medical care or treatment.**

|  |  |  |
| --- | --- | --- |
| **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: |

**SECTION D: ALTERNATE GUARDIAN**

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

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

**SECTION F: CONDITIONS OF APPOINTMENT**

|  |
| --- |
| **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.** |
| **None** |
| **OR** |
| **Specific Conditions**  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))*  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)*  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. |