

LASTING POWERS OF ATTORNEY

PERSONAL WELFARE

Required Information

1. Clients full details:

| |
|---|
| Christian Names: Surname: Previous or maiden name |
| Marital Status: |
| Date of Birth: |

2. Contact details:

| |
|----------------|
| Address: |
| Postcode |
| Telephone No: |
| Mobile No: |
| Email address: |

3. Details of Attorneys:

First Attorney:

| |
|------------------------------|
| Christian Names: Surname: |
| Marital status: |

Second Attorney:

| |
|------------------------------|
| Christian Names: Surname: |
| Marital status: |

Third Attorney:

| |
|------------------------------|
| Christian Names: Surname: |
| Marital status: |

4. How the Attorneys are to act:

Together:

Together and independently:

Together in respect of some matters and together and independently in respect of others:

Give details:

5. Do they wish to appoint a replacement Attorney?

If yes:-

First Names:

Surname:

Marital status:

Any restrictions on appointment?

Set out details:

6. Life - Sustaining treatment

Whether or not the client wishes to give authority or refuse consent to life sustaining treatment on his or her behalf:

The client wants to give Attorney(s) authority / or the client does not want to give Attorney(s) authority to give or refuse consent to life sustaining treatment on their behalf:

Note: This part of LPA must be separately witnessed.

7. Any restrictions and/or conditions on the attorneys?

8. Guidance for Attorneys to consider (not binding)

9. Are the Attorneys to be paid a fee? If yes : details of fees

No

Yes

Set out details:

10. Persons to be notified when Application to register LPA is made (maximum 5)

(IF NO ONE IS TO BE NOTIFIED THEN TWO CERTIFICATE PROVIDERS ARE REQUIRED)

Full Names

Address:

Marital status:

Telephone No:

Mobile No:

Email address:

Full Names:

Address:

Marital status:

Telephone No:

Mobile No:

Email address:

11. Client's signature

If client unable to sign or make a mark and someone else signs for him/her then two witnesses are required.

12. Certificate Provider

THE CERTIFICATE PROVIDER CANNOT BE A MEMBER OF THE DONOR'S OR ATTORNEYS FAMILY, A BUSINESS PARTNER OR PAID EMPLOYEE OF THE DONOR OR ATTORNEYS, AN ATTORNEY APPOINTED IN THIS FORM OR ANOTHER LPA OR EPA MADE BY THE DONOR, THE OWNER DIRECTOR/ MANAGER OR EMPLOYEE OF THE CARE HOME WHERE THE DONOR LIVES OR THEIR FAMILY MEMBER OR PARTNER.

A DIRECTOR OR EMPLOYEE OF A TRUST CORPORATION APPOINTED AS ATTORNEY IN THIS LPA.

First Names:

Surname:

Marital Status:

Address:

Telephone No:

Mobile No:

Email Address:

EITHER Knowledge certification

Have they known the Donor personally over the last two years?

How do they know the Donor?

or

Skills Certification

Registered Healthcare Professional incl. GP

Registered Social Worker

Barrister, Solicitor or Advocate

Independent Medical Capacity Advocate

or

None of the above but with relevant professional skills and expertise.

What are these?

If second certificate provider required as no persons to be notified on registration set out full details:

13.

First Attorney:

Christian Names:

Surname:

Address:

Marital status:

Date of Birth:

Telephone No:

Mobile No:

E- mail

Second Attorney:

Christian Names:

Surname:

Address:

Marital status:

Date of Birth:

Telephone No:

Mobile No:

E- mail

REPLACEMENT ATTORNEY (if required)

Christian Names:

Surname:

Address:

Marital status:

Date of Birth:

Telephone No:

Mobile No:

10. Continued. If further people to be notified on registration of LPA add full details

Full Names

Address:

Marital status:

Date of Birth:

Telephone No:

Mobile No:

Email address:

Full Names:

Address:

Marital status:

Date of Birth:

Telephone No:

Mobile No:

Email address:

