

Application for the Public Guardian to act as Attorney

Information Privacy Disclaimer

The personal information you provide on this form will be used to assess your application for the Public Guardian to act as an Attorney under an Enduring Power of Attorney (EPA) or Advance Health Directive (AHD). The information will be used by officers authorised to assess your application, and will not be given to any other third party unless required by law or unless you grant permission to do so. Personal information will be handled in accordance with the *Information Privacy Act 2009 (Qld)*.

Details of applicant	
Title: Mr / Mrs / Ms / Miss / Dr	
Given Names:	Family Name:
Preferred Name (if applicable):	
Address:	Postcode:
Date of Birth:	
Telephone:	Mobile No:
Email Address:	
Cultural Background:	

Accepting an appointment as Attorney

The Public Guardian seeks to act as an Attorney for an individual under an EPA or AHD on a “last resort” basis. In general, the Public Guardian will accept a **sole** appointment to act as Attorney only where there is no one else in the person’s life who is appropriate, willing and able to perform the role. However, the Public Guardian may accept a **successive** appointment, in the event that other nominated Attorneys are unable to perform their duty at the time of activation of the EPA/AHD.

Before completing this form, you should read the following documents, which are available on our website*

- **OPG Policy:** *Acting as Attorney for Health/Personal Matters*
- **OPG Fact Sheets:** *Enduring Power of Attorney and Advance Health Directive*

Please complete the following sections, listing the names and details of your family members and close friends, and the reasons why you believe they are unsuitable to act as your Attorney for health/personal matters.

Details of all family members and close friends		
(1)		
<i>Title (e.g. Mr, Ms etc.)</i>	<i>First Name</i>	<i>Surname</i>
Address:		Postcode:
Telephone:	Mobile No:	
Email Address:		
Relationship:		
Reason you believe this person is unsuitable to act as your attorney:		

* OPG website: <http://www.publicguardian.qld.gov.au>

Details of all family members and close friends (cont'd)**(2)***Title (e.g. Mr, Ms etc.)**First Name**Surname*

Address:

Postcode:

Telephone:

Mobile No:

Email Address:

Relationship:

Reason you believe this person is unsuitable to act as your attorney:**(3)***Title (e.g. Mr, Ms etc.)**First Name**Surname*

Address:

Postcode:

Telephone:

Mobile No:

Email Address:

Relationship:

Reason you believe this person is unsuitable to act as your attorney:**(4)***Title (e.g. Mr, Ms etc.)**First Name**Surname*

Address:

Postcode:

Telephone:

Mobile No:

Email Address:

Relationship:

Reason you believe this person is unsuitable to act as your attorney:***Is there any other information relevant to your application?***

Signed: _____ Date: _____

Print Name: _____

Return this application along with your completed Enduring Power of Attorney form to:

Office of the Public Guardian

PO Box 13554 Brisbane George Street 4003

e-mail: publicguardian@publicguardian.qld.gov.au

Fax: 07 3239 6367

Personal Profile for EPA CONFIDENTIAL

Personal Information

Title: Mr / Mrs / Ms / Miss / Dr

Given Names: _____ Family Name: _____

Address: _____

Date of Birth: _____ Telephone: _____

Cultural background: _____

Preferred name: _____

People to Consult

When acting as a personal attorney, the Public Guardian is required to consult with people who have an interest in your welfare. Please provide details of those people you would like the Public Guardian to consult when making personal or health decisions. This may include a spouse, children, other relatives or close friends.

Full Name _____

Address _____ Post Code _____

Telephone _____ Relationship _____

Full Name _____

Address _____ Post Code _____

Telephone _____ Relationship _____

Full Name _____

Address _____ Post Code _____

Telephone _____ Relationship _____

Full Name _____

Address _____ Post Code _____

Telephone _____ Relationship _____

Full Name _____

Address _____ Post Code _____

Telephone _____ Relationship _____

Full Name _____

Address _____ Post Code _____

Telephone _____ Relationship _____

There may also be people that you do NOT want consulted by the Public Guardian when making decisions. Please provide details if this is relevant to you.

Religious/Personal Beliefs

Do you have any personal or religious beliefs that you would like the Public Guardian to take into consideration when making decisions? (eg your approach to healthcare or preference for care or residential arrangements.)

Name of Church: _____
Address: _____

Postcode: _____
Contact Person: _____
Telephone: _____

Health Care

Do you have any existing medical conditions (eg arthritis, heart problems)? If yes, please list these.

Do you have any allergies to food or medications? If yes, please list these.

Do you have any preference for treatment by a particular medical practitioner or hospital? Yes ☐ No ☐

Name of Doctor: _____
Address: _____

Postcode: _____
Telephone: _____

Other Information

Is there any other information you consider relevant? This could include preferences about service providers, accommodation or care arrangements including specific nursing homes or locations you wish to be considered. Also consider specific likes or dislikes such as activities or hobbies you enjoy.

Other relevant persons

Please provide the contact details of any other persons who may be relevant such as your solicitor, accountant or support agency.

Full Name _____
Address _____ Post Code _____
Telephone _____ Relationship _____

Full Name _____
Address _____ Post Code _____
Telephone _____ Relationship _____

Signed: _____

(please print name)

Date: _____

Please return to:

Office of the Public Guardian
PO Box 13554
George Street Qld 4003