



Northern
Territory
Government

DEPARTMENT OF THE
ATTORNEY-GENERAL AND JUSTICE

ADVANCE PERSONAL PLAN

Plan for a future where your health, financial and lifestyle wishes and opinions are heard and respected.

Advance Personal Plan

This form will allow you to make decisions about your future health, financial and lifestyle preferences should you lose decision-making capacity in the future as a result of age, illness, accident or otherwise.

By completing your Advance Personal Plan you can choose to include any or all of the following parts to ensure your choices are heard and respected:

1. Legally binding Advance Consent Decisions about your future health care
2. Advance Care Statements about your views, wishes and beliefs as to how you want to be treated in relation to any future health, financial or lifestyle matter
3. Appoint a substitute decision maker/s to make decisions on your behalf about any matter relevant to your health, financial, legal or lifestyle matters.

To make a valid Advance Personal Plan you must complete sections 1 and 5. You can complete as many sections in between that are relevant to your future needs and wishes. For example, you may wish to only appoint a trusted decision maker and not make any decisions or statements about your future health care or lifestyle needs. Or, you may wish to detail your specific future health decisions in an Advance Consent Decision.

Completing an Advance Personal Plan should help you to engage in a discussion with your loved ones about your values and wishes and it will help to provide some evidence of your wishes, if difficult decisions need to be made about your care and/or finances in circumstances where you cannot make these decisions for yourself.

Note: An Advance Personal Plan does not replace your Will and will only have effect while you are alive.

This document can be used by non-English-speakers if a qualified interpreter/translator reads it to the person in the person's own language and a signed statement by the interpreter/translator is attached.

Section 1: Your details

This is a compulsory section

Complete this section by writing on the lines.

I, _____
(Full name here)

of _____
(Address)

Born on _____
(Date of your birth)

being over the age of eighteen years, who has decision-making capacity and who does not have an adult guardian appointed under the *Adult Guardianship Act* or manager appointed under the *Aged and Infirm Persons' Property Act*, make this Advance Personal Plan after careful consideration, voluntarily and without coercion or other undue influence.

If at any time I am unable to take part in decisions about my care or welfare (including health care) or property or financial affairs, let this document stand as evidence of my health decisions, my views, wishes and beliefs and/or who I nominate as my substitute decision maker/s.

This Advance Personal Plan should not be used if I have the capacity to speak competently for myself or if there is evidence that it has been revoked.

I request that all who are responsible for my care, respect the decisions and directions given in this document.

Section 2: Advance Consent Decisions

This is not a compulsory section

Note: It is strongly recommended that before completing this document you discuss your options with your doctor who knows your medical history and views. The doctor will also be able to explain any medical terms that you are unsure about and will confirm that you were able to understand the decisions you have made in the document and that you made those decisions voluntarily. You can also ask your doctor to witness your signature.

Advance Consent Decisions are legally binding on your health care provider and can include decisions about organ transplants, palliative care, instructions not to be put on life support or direction about not receiving blood transfusions.

An Advance Care Decision is an express statement of your consent or refusal for specific treatments or future health care. You can either select a box below that you agree with or write the statements in your own words below each option.

For example, a statement that "I do not want to be given a blood transfusion in any circumstance" is an express statement for refusing consent for a blood transfusion. A statement that "If I have a terminal illness and am going to die soon, I do not want to be given treatment just to keep me alive for a little bit longer – just keep me pain free" may constitute consent for a terminally ill person to be given pain relief and for other treatment to be discontinued.

a. Specific health care treatment directions

(You can select your preferred option by marking the box with an 'X'. You can add more information about your own decisions in part b. below)

(i) Life support

- I would like life prolonging treatments to be commenced and continued, including CPR, while they are medically appropriate and remain in my best interests.
- If I am acutely ill and unable to communicate responsively with my family and friends, and it is reasonably certain that I will not recover, I want to be allowed to die naturally and be cared for with dignity. I do not want to be kept alive by extraordinary or overly burdensome measures that might be used to prolong my life (eg Cardio-Pulmonary Resuscitation (CPR)). If any of these treatments have been started, I request that they be discontinued.

(ii) Palliative care

- I do want palliative care that includes medications and other treatments to alleviate suffering and keep me comfortable.

Section 3: Advance Care Statement

This is not a compulsory section

An Advance Care Statement is a statement of your views, wishes and beliefs about how you would like your appointed decision maker/s, health professionals and any other person providing care for you to act.

For example, a statement that “being able to communicate with my family is very important to me”, “To be treated with dignity by being kept clean and comfortable and having adequate pain management”, would be an Advance Care Statement.

a. General statements of views, wishes and beliefs

(Detail here the things that matter to you, which you think may be relevant when you can no longer speak for yourself) **Note:** *You may attach more pages if required.*

Section 4: Appointment of a substitute decision maker/s

This is not a compulsory section

I, _____
(Full name)

of _____
(Address)

a. Decision maker 1

appoint _____
(Your first decision maker's full name)

of _____
(Address of your first decision maker)

Mobile _____ Home phone _____

Email _____

as decision maker for All matters or Care or welfare matters (including health care)

Financial matters Limited matters only (please specify)

Specimen signature of decision maker _____

(Complete the following parts if you wish to appoint more than one decision maker or rule a line through the section if you only want to appoint one decision maker.)

Note: If you appoint a professional decision maker such as the Public Trustee as your financial decision maker, it will be regarded that you authorise the professional decision maker to charge remuneration as prescribed by law. If you intend to appoint a professional decision maker, it is recommended you consult them about their remuneration rates before appointing them.

b. Decision maker 2

I, _____
(Full name)

of _____
(Address)

appoint _____
(Your second decision maker's full name)

of _____
(Address of your second decision maker)

Mobile _____ Home phone _____

Email _____

as decision maker for All matters or Care or welfare matters (including health care)

Financial matters Limited matters only (please specify)

Specimen signature of decision maker _____

c. Decision maker 3

I, _____
(Full name)

of _____
(Address)

appoint _____
(Your third decision maker's full name)

of _____
(Address of your third decision maker)

Mobile _____ Home phone _____

Email _____

as decision maker for All matters or Care or welfare matters (including health care)

Financial matters Limited matters only (please specify)

Specimen signature of decision maker _____

d. Decision maker 4

I, _____
(Full name)

of _____
(Address)

appoint _____
(Your fourth decision maker's full name)

of _____
(Address of your fourth decision maker)

Mobile _____ Home phone _____

Email _____

as decision maker for All matters or Care or welfare matters (including health care)

Financial matters Limited matters only (please specify)

Specimen signature of decision maker _____

e. How do you prefer your decision makers to make their decisions?

(This part is optional, you may only need to fill it in if you have appointed more than one decision maker and they have overlapping authority. If you don't complete this part such decision makers will have to exercise their decision making powers unanimously)

Severally (any one of them may decide) Jointly (unanimously)

Alternate (eg, if previous or first-named decision maker is unable or unwilling to act)

Other (specify how decision makers are to make their decisions)

f. Appointment option for decision makers

Note: Decision makers may be appointed to act at all times, only in stated circumstances or at all times except in stated circumstances. For example, an adult may appoint his wife while she is alive and then his son while he is alive and then his eldest grandchild.

Provide details on appointment options for each decision maker appointed:

g. Decision maker restrictions, requirements and directions

Note: Decision makers may be appointed subject to restrictions on authority, requirements to be complied with or specific directions. For example, “My decision makers are not authorised to invest in XYZ Pty Ltd shares” or “If I need nursing home care, I want my decision makers to try XYZ nursing home first” or “My decision maker must consult XYZ when making decisions in relation to my health care”.

Provide details of any restrictions, requirement or directions for decision makers.

Any additional comments

Section 5: Signing and witnessing

This a compulsory section

Adult making the Advance Personal Plan

(Print name)

(Adult signs here or, if the adult is unable to sign a person acting on the direction, and in the presence of the adult, must sign)

If you are signing for the adult

I, _____ am at least
(Full name)

eighteen years old and not appointed as a decision maker for the adult.

Witness

I, _____ of
(Full name)

(Address)

A qualified witness _____
(State qualifications as authorised witness)

certify that the person making this document is who they purport to be, has attained the age of eighteen years, appears to understand the nature and effect of the Advance Personal Plan, appears to be acting voluntarily without coercion or other undue influence and that the plan was signed by the adult making it, or by their representative, in my presence.

(Witness signs here)

(Insert date)

If the Advance Personal Plan authorises dealings in property, the plan must be registered with the Land Titles Office for any dealings to occur.

The following people are authorised witnesses and are able to witness the making of an Advance Personal Plan:

- Commissioner for Oaths, including legal practitioners, Justices of the Peace and Police Officers.
- Doctors, Nurses and other health professionals
- Accountants
- Chief Executive Officers of Local Government Authorities
- Social Workers
- Principals of Northern Territory schools