



Revocation of support person

made under the *Medical Treatment*Planning and Decisions Act 2016 (Vic.)

For patient record purposes, health services can affix UR number, patient name and date of birth here

Part 1: Personal details

You must fill in your full name, date of birth and address. A phone number is optional.

Your full name:			
Date of birth: (dd/mm/yyyy)			
Address:			
Phone number:			

Part 2: Support person details

I revoke the following appointment of my support person.

Fill in the details of your support person here. Include the date you made the appointment, if known.

Full name of support person:	
Date of appointment: (dd/mm/yyyy)	

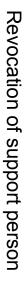




Revocation of support person (cont.)

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Revocation by: (insert your full name)				
Part 3: Witnessin	g			
You must sign in front of two adult witnesses at the same time.	Signature of person revoking the support per (you sign here)	erson appointment		
One witness must be a registered medical	Each witness certifies that:			
practitioner or able to witness affidavits. See justice.vic.gov.au/affidavit for list. Neither witness can be an appointed support person for you.	appears to understand the nature and consequences of			
	Witness 1 – Authorised witness			
A registered	Full name of authorised witness:			
medical practitioner or someone able to				
witness affidavits must complete this section.	Qualification of authorised witness:			
	Signature of authorised witness:	Date: (dd/mm/yyyy)		
	Witness 2 – Adult witness			
Another adult witness must complete this	Full name of adult witness:			
part of the form.	Signature of adult witness:	Date: (dd/mm/yyyy)		





Revocation of support person (cont.)

Revocation by:

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If an interpreter is pre If an interpreter is present at the time the document is witnessed, they complete this section immediately after the document is witnessed.	sent when this document is witnessed Name of interpreter:					
	If accredited with the	If accredited with the National Accreditation Authority				
	NAATI number:					
	I am competent to interpret from English into the following language:					
	I provided a true and correct interpretation to facilitate the witnessing of the document.					
	Signature of interp	Date: (dd/mm/yyyy)				
Part 4: Interprete		ion of this document				

If an interpreter helped you to prepare this document, they complete this section. They can fill in this section before the document is witnessed or at the time the document is witnessed.

Cross out Part 4 if not relevant.

Name of interpreter:				
If accredited with the National Accreditation Authority				
NAATI number:				
I am competent to interpret from English into the following language:				
When I interpreted into this language the person appeared				
to understand the language used in the document.				
Signature of interpreter:	Date: (dd/mm/yyyy)			

You have reached the end of this form.

It is recommended you inform your support person that their appointment has been revoked.