



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: Witnessing

You must sign in front of two adult witnesses at the same time. One witness must be a registered medical practitioner or able to witness affidavits. See justice.vic.gov.au/affidavit for list. Neither witness can be an appointed support person for you.

Signature of person revoking the support person appointment (you sign here)

[Signature line]

Each witness certifies that:

- at the time of signing the document, the person revoking the appointment appears to have decision-making capacity and appears to understand the nature and consequences of revoking the appointment; and
• at the time of signing the document, the person revoking the appointment appeared to freely and voluntarily sign the document; and
• the person signed the document in my presence and in the presence of a second witness; and
• I am not the appointed support person of the person.

Witness 1 – Authorised witness

A registered medical practitioner or someone able to witness affidavits must complete this section.

Full name of authorised witness:

Qualification of authorised witness:

Signature of authorised witness: Date: (dd/mm/yyyy)

Witness 2 – Adult witness

Another adult witness must complete this part of the form.

Full name of adult witness:

Signature of adult witness: Date: (dd/mm/yyyy)



Revocation of support person (cont.)

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Revocation by: (insert your full name)

If an interpreter is present when this document is witnessed

If an interpreter is present at the time the document is witnessed, they complete this section immediately after the document is witnessed.

Name of interpreter:

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 interpreter: Date: (dd/mm/yyyy)

Part 4: Interpreter statement

If an interpreter assisted in the preparation 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.

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