



## Appointment 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

Your support person can access, or help you to access, health information relevant to your medical treatment.

Your support person does not have the power to make medical treatment decisions on your behalf. Any existing support person appointment previously made by you under the Act will be revoked on making this appointment.

#### Part 1: Personal details

Before you start, read the checklist of steps with this form.

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

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

## Part 2: Support person details

I appoint as my support person:

Fill in the details of your support person here.

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

Full name:	
Date of birth: (dd/m	m/yyyy)
Address:	
Phone number:	

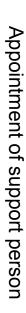




# Appointment of support person (cont.)

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Appointment by: (insert your full name)					
Part 3: Witnessin	g				
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 the list of eligible persons.  Neither witness can be	S	Signature of person making this appointment (you sign here)			
	E	ach witness certifies that:			
	•	at the time of signing the document, the person appointment appears to have decision-making appears to understand the nature and consecute appointment; and	g capacity and		
your appointed support person.  Refer to the checklist if someone is signing on		<ul> <li>at the time of signing the document, the person making this appointment appeared to freely and voluntarily sign the document; and</li> </ul>			
your behalf.	•	the person signed the document in my preser presence of a second witness; and	nce and in the		
	•	I am not the person's support person under the	his appointment.		
	V	/itness 1 – Authorised witness			
A registered medical		ull name of authorised witness:			
practitioner or someone able to witness affidavits must complete this					
	Q	Qualification of authorised witness:			
section.					
	S	ignature of authorised witness:	Date: (dd/mm/yyyy)		
	١٨	/itness 2 – Adult witness	<u></u>		
A matte an advit with a ca	-	ull name of adult witness:			
Another adult witness must complete this section.		uii fiairie Of adult Withess.			
	S	ignature of adult witness:	Date: (dd/mm/yyyy)		





## Appointment of support person (cont.) Appointment by:

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esent when this do	cument is witnessed	İ	
Name of interprete	er:		
If accredited with t	he National Accredita	tion Auth	nority
NAATI number:			
I am competent to	interpret from English	into the	following language:
I provided a true a of the document.	nd correct interpretation	on to fac	cilitate the witnessing
Signature of interp	signature of interpreter:		Date: (dd/mm/yyyy)
r statement			
sted in the preparat	ion of this documen	t	
I interpreted in the	following language:		
When I interpreted into this language the person appeared			
to understand the language used in the document.			
Name of interpreter:			
NAATI number (if	accredited):		
Signature of interp	reter:	l	Date: (dd/mm/yyyy)
	If accredited with the Name of interpreted in the preparate of interpreted in the Name of interpreted to understand the Name of interpreted in the Name of i	Name of interpreter:  If accredited with the National Accreditation NAATI number:  I am competent to interpret from English of the document.  Signature of interpreter:  Text statement  I interpreted in the following language:  When I interpreted into this language the to understand the language used in the	Name of interpreter:  If accredited with the National Accreditation Author NAATI number:  I am competent to interpret from English into the of the document.  Signature of interpreter:  Interpreted in the preparation of this document  I interpreted in the following language:  When I interpreted into this language the person to understand the language used in the document Name of interpreter:  NAATI number (if accredited):



## Appointment of support person (cont.)

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Appointment by: (insert your full name)	
(moore your run manno)	

### Part 5: Statement of acceptance

The support person you appoint must read the statement of acceptance and sign in front of an adult witness.

Your support person must read this statement of acceptance and sign in front of an adult witness.

#### Support person

I accept my appointment as support person and state that I understand the role of a support person is to:

- support the person to make, communicate and give effect to the person's medical treatment decisions; and
- represent the interests of the person in respect of the person's medical treatment, including when the person does not have decision-making capacity in relation to medical treatment decisions.

	Name of support person:		
	Signature of support person:	Date: (dd/mm/yyyy)	
Vitness completes his section.	I certify that I witnessed the signing of this statement of acceptance.		
	Name of adult witness:		
	Signature of adult witness:	Date: (dd/mm/yyyy)	

You have reached the end of this form.

- Please keep your original 'Appointment of support person' form safe and accessible.
- Your 'Appointment of support person' form can be uploaded on MyHealth Record.