



# Resignation 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

You must take all reasonable steps to inform the person who appointed you that you resign as support person.

It is suggested you give them a copy of your completed resignation form.

## Part 1: Resignation details

Fill in the full name of the person who appointed you.

**I resign from being the appointed support person for:**

## Part 2: Witnessing

You must sign in front of one adult witness.

**Full name of person resigning** (your name)

**Signature of person resigning** (you sign here)

**Witness – Adult witness**

An adult witness must complete this section.

Full name of adult witness:

Signature of adult witness:

Date: (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>
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You have reached the end of this form.

If the person who appointed you is a mental health patient under the *Mental Health Act 2014* (Vic.), you must also take reasonable steps to inform the authorised psychiatrist treating them.

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