

## ENDURING POWER OF ATTORNEY FOR PERSONAL CARE AND WELFARE DATAFORM INFORMATION

<b>Client's Full Name: (Donor)</b>	
Any other name by which client is known:	
Title:	Mr / Mrs / Miss / Ms / Other: _____
Residential address:	
Email address:	
Contact phone number(s):	
<b>Attorney 1 full name:</b>	
Title:	Mr / Mrs / Miss / Ms / Other: _____
Relationship to you:	
Residential address:	
Email address:	
Contact phone number(s):	
<b>Other information:</b>	Attorney(s) can act on: <input type="checkbox"/> <b>all personal care and welfare matters</b> <input type="checkbox"/> restricted to the matters listed below: _____
<b>First Successor Attorney full name:</b>	
Title:	Mr / Mrs / Miss / Ms / Other: _____
Relationship to you:	
Residential address:	
Email address:	
Contact phone number(s):	
<b>Second Successor Attorney full name:</b>	
Title:	Mr / Mrs / Miss / Ms / Other: _____
Relationship to you:	
Residential address:	
Email address:	
Contact phone number(s):	
<b>Other information:</b>	Successor Attorney(s) can act on: <input type="checkbox"/> <b>all personal care and welfare matters</b> <input type="checkbox"/> restricted to the matters listed below: _____

**Your Attorney's authority to act subject to the following conditions and restrictions:**

**NONE / OR LIST HERE:**

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**CONSULTATION**

**SECTION F: Consultation – do you want to name any person(s) that your Attorney must consult about your personal care and welfare matters:**  YES  NO

If **NO** go to Section G or If **YES** complete below

<b>Consult 1</b> full name:	
Title:	Mr / Mrs / Miss / Ms / Other: _____
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Consult about: <input type="checkbox"/> <b>major decisions only</b> ( <i>unspecified but could include e.g. decisions about residential care</i> ) <input type="checkbox"/> all personal care and welfare matters <b>OR</b> →	<input type="checkbox"/> only to the matters listed below: _____ _____
<b>Other information – all consultation applies to:</b>	<input type="checkbox"/> All Attorney(s) <input type="checkbox"/> Successor Attorney(s) only
<b>Consult 2</b> full name:	
Title:	Mr / Mrs / Miss / Ms / Other: _____
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Consult about: <input type="checkbox"/> <b>major decisions only</b> ( <i>unspecified but could include e.g. decisions about residential care</i> ) <input type="checkbox"/> all personal care and welfare matters <b>OR</b> →	<input type="checkbox"/> only to the matters listed below: _____ _____
<b>Consult 3</b> full name:	
Title:	Mr / Mrs / Miss / Ms / Other: _____
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Consult about: <input type="checkbox"/> <b>major decisions only</b> ( <i>unspecified but could include e.g. decisions about residential care</i> ) <input type="checkbox"/> all personal care and welfare matters <b>OR</b> →	<input type="checkbox"/> only to the matters listed below: _____ _____
<b>Consult 4</b> full name:	
Title:	Mr / Mrs / Miss / Ms / Other: _____
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Consult about: <input type="checkbox"/> <b>major decisions only</b> ( <i>unspecified but could include e.g. decisions about residential care</i> ) <input type="checkbox"/> all personal care and welfare matters <b>OR</b> →	<input type="checkbox"/> only to the matters listed below: _____ _____

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## PROVIDING INFORMATION

**SECTION G:** Do you want to name any person that your attorney must provide information to about your Personal Care & Welfare Matters?  YES  NO

If **NO** go to Section H or If **YES** complete below

<b>Other: providing information applies to:</b>	<input type="checkbox"/> Attorney(s) <input type="checkbox"/> Successor Attorney(s) only
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<b>Inform 1</b> full name:	
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Information to be provided: <input type="checkbox"/> <b>major decisions only</b> ( <i>unspecified but could include e.g. decisions about residential care</i> ) <input type="checkbox"/> all personal care and welfare matters <b>OR</b> →	<input type="checkbox"/> only to the matters listed below: <hr/> <hr/>
<b>Inform 2</b> full name:	
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Information to be provided: <input type="checkbox"/> <b>major decisions only</b> ( <i>unspecified but could include e.g. decisions about residential care</i> ) <input type="checkbox"/> all personal care and welfare matters <b>OR</b> →	<input type="checkbox"/> only to the matters listed below: <hr/> <hr/>
<b>Inform 3</b> full name:	
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Information to be provided: <input type="checkbox"/> <b>major decisions only</b> ( <i>unspecified but could include e.g. decisions about residential care</i> ) <input type="checkbox"/> all personal care and welfare matters <b>OR</b> →	<input type="checkbox"/> only to the matters listed below: <hr/> <hr/>
<b>Inform 4</b> full name:	
Relationship to you:	
Residential address:	
Email address:	
Contact telephone number(s):	
Information to be provided: <input type="checkbox"/> <b>major decisions only</b> ( <i>unspecified but could include e.g. decisions about residential care</i> ) <input type="checkbox"/> all personal care and welfare matters <b>OR</b> →	<input type="checkbox"/> only to the matters listed below: <hr/> <hr/>

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**FURTHER EXPLANATION OF ENDURING POWER OF ATTORNEY**

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