

For OPG office use only

LPA HW
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OPG reference
number

Office of the
Public Guardian

Lasting power of attorney for health and welfare

About this lasting power of attorney

This lasting power of attorney allows you to choose people to act on your behalf (as an attorney) and make decisions about your **health and personal welfare**, when you are unable to make decisions for yourself. This can include decisions about your healthcare and medical treatment, decisions about where you live and day-to-day decisions about your personal welfare, such as your diet, dress or daily routine.

If you also want someone to make decisions about your **property and financial affairs**, you will need a separate form (downloadable from our website or call 0300 456 0300).

Who can fill it in?

Anyone aged 18 or over, who has the mental capacity to do so.

Before you fill in the lasting power of attorney:

1. Please read the guidance available at direct.gov.uk/mentalcapacity or by calling **0300 456 0300**. See, for example, the **Lasting power of attorney creation pack** or other relevant guidance booklets which are all available online or by post.
2. Make sure you understand the purpose of this lasting power of attorney and the extent of the authority you are giving your attorneys.
3. Read the separate **Information sheet** to understand all the people involved, and how the three parts of the form should be filled in.
4. Make sure you, your certificate provider(s), and your attorney(s) have read the section on page 2 called **Information you must read** before filling in their relevant part.



This lasting power of attorney could be rejected at registration if it contains any errors.

Checklist

See the information sheet for guidance on all the people involved

Part A: about you, the attorneys you are appointing, and people to be told

How many **attorneys** are you appointing? *Write in words.*

How many **replacement attorneys** are you appointing? *Write in words or write 'None' if this does not apply.*

How many **people to be told** are you choosing? *Write in words from 'None' to 'five'. If 'None' you must have two certificate providers in part B.*

Part B: about your certificate providers

How many **certificate providers do you have?** *(Tick one box)*

One OR Two

If you have used any continuation sheets each one must be signed and dated.

Attached to the back of this lasting power of attorney are:

(Write the number of each)

continuation sheet A1

continuation sheet A2

continuation sheet A3:HW 2 pages

continuation sheet B

Total number of continuation sheets

Helpline

0300 456 0300



direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

Information you must read



This lasting power of attorney is a legal document. Each person who signs parts A, B and C must read this information before signing.

Purpose of this lasting power of attorney

This lasting power of attorney gives your attorneys authority to make decisions about your health and welfare when you cannot make your own decisions. This can include where you live, who visits you and the type of care you receive.

When your attorneys can act for you

Your attorneys can use this lasting power of attorney only after it has been registered and stamped on every page by the Office of the Public Guardian. **Your attorneys can only act when you lack the capacity to make the decision in question.** You may have capacity to make some decisions about your personal health and welfare but not others.

The Mental Capacity Act

Your attorneys cannot do whatever they like. They **must** follow the principles of the Mental Capacity Act 2005.

Guidance about these principles is in the Mental Capacity Act Code of Practice. Your attorneys must have regard to the Code of Practice. They can get a copy from The Stationery Office at tso.co.uk or read it online at direct.gov.uk/mentalcapacity

Principles of the Act that your attorneys must follow

- 1 Your attorneys must assume that you can make your own decisions unless they establish that you cannot do so.
- 2 Your attorneys must help you to make as many of your own decisions as you can. They cannot treat you as unable to make the decision in question unless all practicable steps to help you to do so have been made without success.
- 3 Your attorneys must not treat you as unable to make the decision in question simply because you make an unwise decision.
- 4 Your attorneys must make decisions and act in your best interests when you are unable to make the decision in question.
- 5 Before your attorneys make the decision in question or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

Your best interests

Your attorneys must act in your best interests in making decisions for you when you are unable to make the decision in question yourself. They must take into account all the relevant circumstances. This includes, if appropriate, consulting you and others who are interested in your health and welfare. Any guidance you add may assist your attorneys in identifying your views.

Cancelling this lasting power of attorney

You can cancel this lasting power of attorney at any time before or after it is registered as long as you have mental capacity to cancel it. Please read the guidance available at direct.gov.uk/mentalcapacity

How to fill in this form

- Tick the boxes that apply like this
- Use black or blue ink and write clearly
- Cross through any boxes or sections that don't apply to you, like this:

Any other names you are known by in financial documents or accounts

- Don't use correction fluid – please cross out any mistakes and rewrite nearby. All corrections must be initialled by the person completing that section of the form (and their witness) like this:

Any other names you are known by in financial

WILLIAM EDWARD SMYTH
A.S.B / W.E.S. SMYTH

- Your application could be rejected if your intentions are not clear and explicit. If you are in any doubt, please start again on a new copy of the form.

What happens after you've filled it in?

The next step is to **register** it. You or your attorneys can do this at any time. The person applying will need to fill in a registration form and may need to pay a fee at that time. They will also need to send notices to the 'people to be told' named at part A when the application to register this lasting power of attorney is made. You can find out more and download the registration form at direct.gov.uk/mentalcapacity

The 'people to be told' are given time to raise any concerns or objections. This means the earliest the Office of Public Guardian can register this lasting power of attorney is 6 weeks after they notify the donor or attorneys that an application to register has been received.

Your lasting power of attorney will **end** if it can no longer be used. For example, if a sole attorney dies or can no longer act for you and no replacement attorney has been named in this lasting power of attorney. Please read the guidance available at direct.gov.uk/mentalcapacity

Part A Declaration by the person who is giving this lasting power of attorney

Please write clearly using black or blue ink.

1 About the person who is giving this lasting power of attorney

Mr Mrs Ms Miss Other title

First names

Last name

Date of birth

Address and postcode

 Postcode

Any other names you are known by in medical records or welfare records

2 About the attorneys you are appointing

Thinking about your attorneys

- You can appoint more than one attorney if you want to. You do not have to appoint more than one attorney.
- Each attorney must be aged 18 or over. Choose people you know and trust to make decisions for you. You are recommended to read the separate guidance for people who want to make a lasting power of attorney for health and welfare.

Your first or only attorney

Mr Mrs Ms Miss Other title

First names of your first or only attorney

Last name of your first or only attorney

Date of birth of your first or only attorney

Address and postcode of your first or only attorney

 Postcode

Your second attorney

Please cross through this section if it does not apply.

Mr Mrs Ms Miss Other title


First names of your second attorney

Last name of your second attorney

Date of birth of your second attorney

Address and postcode of your second attorney

 Postcode

 **If you are appointing more than two attorneys, use continuation sheet A1 to tell us about your other attorneys.**

Other attorneys you are appointing

Number of attorneys named in continuation sheet A1 attached to this lasting power of attorney *Cross through this box if this does not apply*



3 About appointing replacements if an attorney can no longer act

Thinking about replacement attorneys

- Replacement attorneys will only act once your attorney can no longer act for you.
- You can appoint replacements to replace an attorney who does not want to act for you or who is permanently no longer able to act because they are dead, have disclaimed, lack mental capacity or if they were married to you or were your civil partner, and have now had the marriage or civil partnership annulled or dissolved.
- You do not have to appoint any replacements.
- If you appoint only one attorney and no replacements, this lasting power of attorney will end when your attorney can no longer act.

Your first or only replacement attorney *Please cross through this section if it does not apply.*

Mr Mrs Ms Miss Other title

Date of birth of your first or only replacement


D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

First names of your first or only replacement

Address and postcode of your first or only replacement

Postcode							

Last name of your first or only replacement

 **If you are appointing more than one replacement, use continuation sheet A1 to tell us about your other replacement attorneys.**

Other replacement attorneys you are appointing

Number of replacement attorneys named in continuation sheet **A1** attached to this lasting power of attorney

Cross through this box if this does not apply



4 How you want your attorneys to make decisions

Thinking about how you want your attorneys to make decisions

! If you leave this section blank, your attorneys will be appointed to make all decisions jointly.

- **Jointly:** this means that the attorneys must **make all decisions together**. → *For further information on appointing your attorneys jointly, see the separate guidance.*
- **Jointly and severally:** this means that attorneys can **make decisions together and separately**. This might be useful, for example, if one attorney is not available to make a decision at a certain time. If one attorney cannot act the remaining attorney is able to continue to make decisions.
- **Jointly for some decisions, and jointly and severally for other decisions:** this means that your attorneys **must make certain decisions together and** may make **certain decisions separately**. You will need to set out below how you want this to work in practice.

Choosing which decisions must be made together and which decisions may be made separately – how this will work in practice


- Please make your intentions clear about how your attorneys are to make the decision in question, for example about where you live, who visits you and the type of care you receive.
- Please check that your intentions will work in practice – it may not be possible to register or use this lasting power of attorney if they are not workable. Please read the separate guidance for examples that will not work in practice.

How you want your attorneys to make decisions

If you are appointing only one attorney and no replacement attorneys, now go to section 5 →

- | | | |
|---|--------------------------|---|
| Jointly | <input type="checkbox"/> | → Go to section 5 and cross through the box below |
| Jointly and severally | <input type="checkbox"/> | → Go to section 5 and cross through the box below |
| Jointly for some decisions, and jointly and severally for other decisions | <input type="checkbox"/> | |

Only if you have ticked the last box above, now tell us in the space below which decisions your attorneys must make jointly and which decisions may be made jointly and severally

 *If you need more space, use continuation sheet A2*

5 About life-sustaining treatment

Life-sustaining treatment means any treatment that a doctor considers necessary to keep you alive. Whether or not a treatment is life-sustaining will depend on the specific situation. Some treatments will be life-sustaining in some situations but not in others.



The decisions you authorise your attorneys to make for you in this lasting power of attorney take the place of any advance decision you have already made on the same subject.

You must be clear whether or not you want to give your attorneys this authority. This is very important so please be clear about the choice you are making. You might want to discuss this first with your attorneys or doctors and health professionals.

You must choose Option A OR Option B.


Your attorneys can **only** make decisions about life-sustaining treatment if you choose Option A. If you choose Option B, your doctors will take into account where it is practicable and appropriate the views of your attorneys and people who are interested in your welfare as well as any written statement you may have made.

When you make your choice and sign this section you **must** have a witness. If you cannot sign you can make a mark instead.

 **If you cannot sign or make a mark use continuation sheet A3:HW →** 

- someone else **must** sign for you at your direction.
- they must sign in your presence **and** in the presence of **two witnesses**.

Option A

 Do not sign both boxes


I want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

Signed in the presence of a witness by the person who is giving this lasting power of attorney


Your signature or mark

Date signed or marked

D D M M Y Y Y Y

 The date you sign (or mark) here must be the same as the date you sign or mark section 10 Declaration.

Option B

 Do not sign both boxes


I do not want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

Signed in the presence of a witness by the person who is giving this lasting power of attorney

Your signature or mark

Date signed or marked

D D M M Y Y Y Y

 The date you sign (or mark) here must be the same as the date you sign or mark section 10 Declaration.

Who can be a witness

- You must be 18 or over.
- You **cannot** be an attorney or replacement attorney named at part A or any continuation sheets A to this lasting power of attorney.
- If you have been asked to be the certificate provider at part B, you can be a witness at part A.
- A person to be told when the application to register this lasting power of attorney is made can be a witness.

Witnessed by

Signature of witness

Full names of witness

Address and postcode of witness

Postcode	

Helpline
 **0300 456 0300**
direct.gov.uk/mentalcapacity

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6 About restrictions and conditions

Putting restrictions and conditions into words

- You should read the separate guidance for examples of conditions and restrictions that will not work in practice.
- Your attorneys **must** follow any restrictions or conditions you put in place. But it may not be possible to register or use this lasting power of attorney if a condition is not workable.
- **Either:** give any restrictions and conditions about health and welfare here
- **Or:** if you would like your attorneys to make decisions with no restrictions or conditions, you should cross through this box.

Restrictions and conditions about health and welfare



If you need more space, use continuation sheet A2

7 About guidance to your attorneys

Putting guidance into words

- Any guidance you add may help your attorneys to identify your views. You do not have to add any.
- Your attorneys do not have to follow your guidance but it will help them to understand your wishes when they make decisions for you.
- **Either:** Give any guidance about health and welfare here
- **Or:** if you have no guidance to add, please cross through this box.

Guidance to your attorneys about health and welfare



If you need more space, use continuation sheet A2

8 About paying your attorneys

Professional charges

- Professional attorneys, such as solicitors and accountants, charge for their services. You can also choose to pay a non-professional person for their services. You **should** discuss payment with your attorneys and record any agreement made here to avoid any confusion later.
- You can choose to pay non-professional attorneys for their services, but if you do not record any agreement here they will only be able to recover reasonable out-of-pocket expenses

Charges for services



If you need more space, use continuation sheet A2

→ For further information on paying attorneys, please see the separate guidance.

9 About people to be told when the application to register this lasting power of attorney is made

Thinking about people to be told

- For your protection you can choose up to **five people to be told** when your lasting power of attorney is being registered. This gives people who know you well an opportunity to raise any concerns or objections **before** this lasting power of attorney is registered and can be used.

! • **You do not have to choose anyone. But if you leave this section blank, you must choose two people to sign the certificate to confirm understanding at part B.**

- The people to be told cannot be your attorney or replacement named at part A or in continuation sheets to part A.

The first or only person to be told

Please cross through this section if it does not apply.

Mr Mrs Ms Miss Other title

First names of first or only person to be told

Last name of first or only person to be told

Address and postcode of first or only person to be told

	Postcode

The second person to be told

Please cross through this section if it does not apply.

Mr Mrs Ms Miss Other title

First names of second person to be told

Last name of second person to be told

Address and postcode of second person to be told

	Postcode

Other people to be told

Please cross through this section if it does not apply

Tell us about other people to be told on continuation sheet A1.

Number of other people to be told named in continuation sheet **A1** attached to this lasting power of attorney



10 Declaration by the person who is giving this lasting power of attorney

Before signing please check that you have:

- filled in every answer that applies to you
- crossed through blank boxes that do not apply to you
- filled in any continuation sheets
- crossed through any mistakes you have made
- initialled any changes you have made.

No changes may be made to this lasting power of attorney and no continuation sheets may be added after part A has been filled in and signed. If any change appears to have been made, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.

By signing (or marking) on this page, or by directing someone to sign continuation sheet A3:HW, I confirm all of the following:

Statement of understanding

I have read or had read to me:

- the section called 'Information you must read' on page 2
- all information contained in part A and any continuation sheets to part A of this lasting power of attorney.

I appoint and give my attorneys authority to make decisions about my health and welfare, when I cannot act for myself because I lack mental capacity, subject to the terms of this lasting power of attorney and to the provisions of the Mental Capacity Act 2005.

Statement about life-sustaining treatment

I have chosen option A or option B about life-sustaining treatment in section 5 of this lasting power of attorney.

People to be told when the application to register this lasting power of attorney is made

I have chosen the people to be told, and have chosen **one** person to sign the certificate of understanding at part B.

OR

I do not want anyone to be told, and have chosen **two** people to sign certificates of understanding at part B.


If you cannot sign this lasting power of attorney you can make a mark instead.

 **If you cannot sign or make a mark use continuation sheet A3:HW →**

Signed (or marked) by the person giving this lasting power of attorney and delivered as a deed

Date signed or marked

D	D	M	M	Y	Y	Y	Y
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 **Sign (or mark) and date**


- section 5 (Option A or Option B), and
- each continuation sheet

at the same time as you sign (or mark) part A here.

You must sign (or mark) and date part A here before parts B and C are signed and dated.

The witness should be independent of you and:

- Must be 18 or over.
- **Cannot** be an attorney or replacement attorney named at part A or any continuation sheets to this lasting power of attorney.
- Can be a certificate provider at part B.
- Can be a person to be told when the application to register this lasting power of attorney is made.
- Must initial any changes made in Part A.

 **Sign section 5 (witnessing Option A or Option B) at the same time as you sign part A here.**

Witnessed by

Signature of witness

Full names of witness

Address and postcode of witness

Postcode	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15px; border: 1px solid black;"></td> <td style="width: 15px; border: 1px solid black;"></td> <td style="width: 15px; border: 1px solid black;"></td> <td style="width: 15px; border: 1px solid black;"></td> <td style="width: 15px; border: 1px solid black;"></td> <td style="width: 15px; border: 1px solid black;"></td> <td style="width: 15px; border: 1px solid black;"></td> <td style="width: 15px; border: 1px solid black;"></td> </tr> </table>								



Helpline
0300 456 0300
direct.gov.uk/mentalcapacity

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Part B Declaration by your first or only certificate provider: certificate to confirm understanding


Your certificate provider fills in, signs and dates this part.

Declaration by the person who is signing this certificate

Please refer to separate guidance for certificate providers. If the guidance is not followed, this lasting power of attorney may not be valid and could be rejected when an application is made to register it.

In part A (section 9) has the person giving this lasting power of attorney chosen at least one person to be told when the application to register this lasting power of attorney is made?

If yes = **one** certificate provider fills in this part

If no = the **first** certificate provider fills in this part and the **second** certificate provider must fill in continuation sheet **B** .

The **donor** is the person who is giving this lasting power of attorney.

By signing below, I confirm:

My understanding of the role and responsibilities

I have read part A of this lasting power of attorney, including any continuation sheets.

I have read the section called '**Information you must read**' on page 2 of this lasting power of attorney.

I understand my role and responsibilities as a certificate provider.

Statement of acting independently

I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over.

I am **not**:

- an attorney or replacement attorney named in this lasting power of attorney or any other lasting power of attorney or enduring power of attorney for the donor
- a family member related to the donor or any of their attorneys or replacements
- a business partner or paid employee of the donor or any of their attorneys or replacements
- the owner, director, manager or employee of a care home that the donor lives in, or a member of their family.

How you formed your opinion

Before signing this certificate you must establish that the donor understands what it is, the authority they are giving their attorneys, and is not being pressurised into making it.

If someone challenges this lasting power of attorney, you may need to explain how you formed your opinion.

Statement of personal knowledge or relevant professional skills

Please cross through the box that does not apply.

EITHER

I have **known** the donor for at least **two years** and as more than an acquaintance. My personal knowledge of the donor is:

OR

I have **relevant professional skills**. (Please state your profession – for example, a GP or solicitor – and then the particular skills that are relevant to you forming your opinion – for example, a consultant specialising in geriatric care.)

My profession and particular skills are:

Continues over →

Part B – Declaration by the person who is signing this certificate (continued)

Things you certify

I certify that, in my opinion, at the time of signing part A:

- the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney
- there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form.

Your signature

! Do not sign until part A of this lasting power of attorney has been filled in and signed.

Sign **as soon as possible** after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.

Signature of certificate provider

Date signed

D	D	M	M	Y	Y	Y	Y
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Name and address of the person who is signing this certificate

Mr Mrs Ms Miss Other title

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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First names of certificate provider

Last name of certificate provider


Address and postcode of certificate provider

Postcode	_ _ _ _ _ _ _



Part C Declaration by each attorney or replacement attorney

Your attorney(s) and replacement attorney(s) sign and date this part.

 **If you are appointing more than one attorney, including replacement attorneys: photocopy this sheet before it is filled in so that each attorney has a copy to fill in and sign.**

Statement by the attorney or replacement attorney who is signing this declaration

- Before a replacement can act for you, they must get in touch with the Office of the Public Guardian and return the original lasting power of attorney form. They will get guidance at that time about what needs to happen next.

By signing below, I confirm all of the following:

Understanding of role and responsibilities

I have read the section called 'Information you must read' on page 2 of this lasting power of attorney.


I understand my role and responsibilities under this lasting power of attorney, in particular:

- I have a duty to act based on the principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice
- I can make decisions and act only when this lasting power of attorney has been registered and when the person who is giving this lasting power of attorney lacks mental capacity
- I must make decisions and act in the best interests of the person who is giving this lasting power of attorney

Further statement of replacement attorney

If an original attorney's appointment is terminated, I will replace the original attorney if I am still eligible to act as an attorney.

I have the authority to act under this lasting power of attorney only after an original attorney's appointment is terminated and I have notified the Public Guardian of the event.

 **For this lasting power of attorney to be valid and registered this part should not be signed before Part A or part B have been completed, signed and dated. Sign part C as soon as possible after part B is signed.**

Signed or marked by the attorney or replacement attorney as a deed and delivered (or if to be signed at their direction refer to separate guidance)

Full name of [attorney] or [replacement attorney] (delete as appropriate)

Date signed or marked

D	D	M	M	Y	Y	Y	Y
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The witness must be over 18 and can be:

- another attorney or replacement attorney named at part A or in continuation sheet A to this lasting power of attorney
- a certificate provider at part B of this lasting power of attorney.
- a person to be told when the application to register this lasting power of attorney is made.

The donor cannot be a witness.

The witness must see the attorney or replacement attorney sign or make a mark.

Signature of witness

Full name of witness

Address and postcode of witness to the attorney's or replacement attorney's signature

Postcode	