

# Guidance for people who want to make a lasting power of attorney for health and welfare

## Read this guidance book first!

If after reading this guidance, you have further questions,  
please make a list, then give us a call.

### Helpline

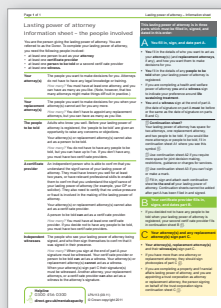


0300 456 0300

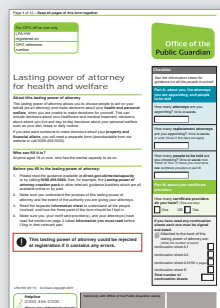
[direct.gov.uk/mentalcapacity](https://direct.gov.uk/mentalcapacity)

## What's in this creation pack along with this guidance:

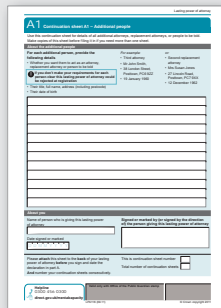
Information sheet



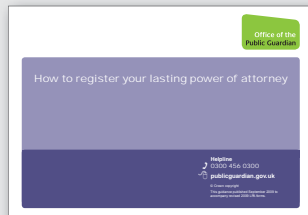
LPA form



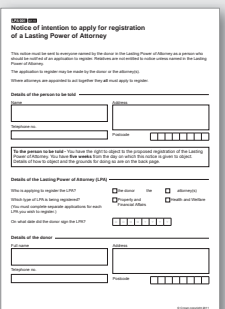
Continuation sheets



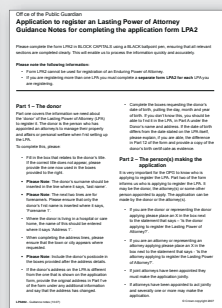
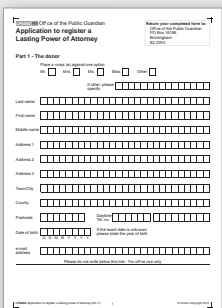
How to register your LPA



LPA 001 (5 copies)



LPA 002 Registration form and related guidance



## How to use this guidance:

**If you are a person making a lasting power of attorney:**

- To understand lasting powers of attorney fully read this guidance throughout.
- If you know nothing about lasting powers of attorney read Chapter 1.
- If you already know that you want a lasting power of attorney, but don't know the process involved, go straight to Chapter 2.
- If you just want to get started making your lasting power of attorney, go straight to Chapter 3.
- If you just want to get a quick overview look at the diagram on page 8, and start filling in the LPA form in this creation pack. Refer back to this guidance document if you get stuck or need more background/examples.
- If you've already completed a lasting power of attorney and now want to register it, go to the separate guidance on 'How to register your LPA'.

**If you have been asked to act as an attorney** – the key chapters for you are 1, 3, and specifically Chapter 5.

**If you have been asked to be a certificate provider** – the key chapters for you are 1, and specifically Chapter 4 (see page 30).

## Naming

Throughout this guidance:

**You** = the person making the lasting power of attorney the donor; in this document 'you' is also used when discussing registration, to refer to the person making the application (the donor or the attorney(s)).

**People to be told** = this is our new term for 'named persons'. In the new LPA form these people are referred to as 'people to be told'. Old LPA forms use the old term 'named persons'.

## Contents of this guidance



### Chapter 1:

Lasting power of attorney – do you want one? – page 3

### Chapter 2:

The LPA process – page 6

### Chapter 3:

How to make your lasting power of attorney – the person who is giving the lasting power of attorney, the donor / part A – page 9

### Chapter 4:

How to make your lasting power of attorney – certificate provider(s)/part B – page 30

### Chapter 5:

How to make your lasting power of attorney – attorney(s)/part C – page 35

### Chapter 6:

Frequently asked questions, contact details, checklist – page 40

## Chapter 1

### Lasting power of attorney: do you want one?

# Do you want a lasting power of attorney?

## The Mental Capacity Act and its Code of Practice

The **Mental Capacity Act (2005)** protects people who may not be able to make some decisions for themselves because of, for example:

- Dementia
- Learning disabilities
- Mental health problems
- Stroke or head injuries.

It covers people in England and Wales.

It provides a legal basis for how other people can make decisions on their behalf.

And it allows them to plan in advance for other people to make decisions on their behalf at a point in time when they might lose the capacity to make decisions themselves.

The Act covers decision making about a person's

- Property and financial affairs
- Health and welfare.

The **Code of Practice** supports the Act. It gives guidance on people's roles and responsibilities when making decisions on someone's behalf. (Some key aspects of the Code are listed on page 37.)

You can find the Code at [direct.gov.uk/codeofpractice](https://www.direct.gov.uk/codeofpractice)

Printed copies of the Code can be purchased from The Stationery Office:

- 0870 600 5522
- [customerservices@tso.co.uk](mailto:customerservices@tso.co.uk)
- [tsoshop.co.uk/](https://www.tsoshop.co.uk/)

## What is a lasting power of attorney?

A lasting power of attorney is a legal document that allows someone to choose other people who they want to make decisions on their behalf when they lack mental capacity to make the decision themselves.

It is 'completed' while the person still has capacity. It cannot be used before it has been registered with the Office of the Public Guardian. It is then ready for use should the person granting the power lose capacity.

The person making the lasting power of attorney is legally referred to as the 'donor'. (Throughout this guidance, we use 'you' or 'the donor'. In the lasting power of attorney form we use 'you', and 'the person giving this lasting power of attorney'.)

The people chosen to make decisions on your behalf are your 'attorneys'.

The lasting power of attorney is generally referred to as an LPA throughout the rest of this guidance.

There are two types of LPA:

- Health and welfare (allowing decisions on treatment, care, medication, where you live, etc.)
- Property and financial affairs (allowing an attorney to make decisions about paying bills, dealing with the bank, collecting benefits, selling your house, etc.)

This guidance covers health and welfare LPAs only.

Many people make two LPAs. If you want to make a property and financial affairs LPA you need to obtain a separate creation pack from [www.direct.gov.uk/lparegistration](https://www.direct.gov.uk/lparegistration) or by contacting the Office of the Public Guardian. (The two types of LPA, and the process in which they are made and registered, are identical in most respects – but there are some fundamental differences between the LPA forms.)

An LPA can only be made by filling in the special 'lasting power of attorney form' (included in your LPA creation pack, downloadable from [www.direct.gov.uk/lparegistration](https://www.direct.gov.uk/lparegistration), or available from legal stationers). The form is designed so that anyone can fill it in. Once completed it becomes a powerful legal document so you might want to obtain legal advice.

## The role of the Office of the Public Guardian

The Office of the Public Guardian (OPG) is part of the Ministry of Justice. The OPG manages the registration process of LPAs and they maintain a register of them all.

The OPG produces all the guidance and supporting materials to help people make and register an LPA. It also deals with any complaints, and concerns raised if, for example, someone feels that an attorney is acting wrongly.

## Who can make a lasting power of attorney

Anyone aged 18 or over can make an LPA. You must make it as an individual – two or more people cannot make a joint LPA. You can have help in writing it, but another person cannot make an LPA for you. Anyone making an LPA needs to have mental capacity when they make it.

From a legal perspective a health and welfare LPA covers people in England and Wales. An LPA made here may not be usable in any other country (including Scotland and Northern Ireland). If you move abroad, you should obtain legal advice.

If you are habitually resident outside of England and Wales but you would like the law of England and Wales to apply, you should state this in the conditions box on Page 7 of the LPA form. You may wish to seek legal advice if you think residence may be an issue.

## The benefits of making a lasting power of attorney

An LPA allows you to plan in advance

- the decisions you want to be made on your behalf if/ when you lose capacity to make them yourself
- the people you want to make these decisions
- how you want the people to make these decisions.

Having an LPA is a safe way of maintaining control over decisions made for you because:

- It has to be registered with the OPG before it can be used (if someone else tries to register it you and your attorney(s) will be able to make an objection).
- You choose someone to provide a 'certificate' confirming that you understand the significance and purpose of it.
- You can choose 'people to be told' about your LPA when it is registered (so that they have an opportunity to raise concerns).
- Your signature, and the signatures of your chosen attorneys must be witnessed.
- From a legal perspective, your attorney(s) must follow the Code of Practice of the Mental Capacity Act 2005 – if they don't always act in your best interests the OPG can step in, and your attorney(s) may be held accountable.
- The OPG provides helpful support and advice.

## Deciding if you want to make and register a lasting power of attorney

If you lose mental capacity at some point – for whatever reason – if you haven't completed an LPA, other people may need to apply to the Court of Protection to be able to make any decision on your behalf. This can be costly, and can be demanding and stressful for your relatives, friends and carers.

A registered health and welfare LPA lets the people you choose make decisions about, for example:

- giving or refusing consent to particular types of health care, including medical treatment decisions
- you staying in your own home, perhaps with help and support from social services
- you moving into residential housing and choosing the right care home for you
- day-to-day issues, like your diet, dress, or daily routine.

(For further information about the decisions, and how you can make restrictions on the decisions, see pages 38 and 23-24.)

By choosing who you want to make decisions for you, having an LPA puts you in control of decisions eventually being made on your behalf.

Once a health and welfare LPA has been registered, **your attorneys can only make decisions for you when you lack mental capacity** to make the decisions yourself.

If you have already made an enduring power of attorney (before October 2007), it is still valid, but it does not allow your attorneys to make decisions about your health and welfare.

## Other ways of planning your future health and welfare

There are other ways of stating your preferences to help other people make health and welfare decisions on your behalf:

- You can write a **statement of your preferences** and wishes – this is not legally binding, but the people looking after you would be required to take your stated views into account as part of any best interests decision.
- If you receive health or social care services, you can create a **care plan** – a written document stating the types and frequency of long term care services that a person receives.
- You can make an **advance decision to refuse treatment** – this is a legally binding document that allows you to specify particular kinds of treatment that you don't want (in case you lack capacity to make this decision for yourself at some point).

If you make an advance decision to refuse treatment and then later make a health and welfare LPA which gives someone authority to give or refuse consent to the same kinds of treatment, your advance decision will become invalid.

If you have made an advance decision, and are considering making an LPA, you may wish to seek advice from:

- a health professional
- a social care professional
- patient support groups
- other experienced relevant organisations, about what powers to give your attorney(s).

## Chapter 2

### The LPA process

# The process of making a lasting power of attorney

## The LPA process

### In summary

There are 4 key steps to the LPA process, in this order:

- 1 **Choose** your attorney(s) and all the other people you need to be involved in your LPA, and think about how you want your attorney(s) to make decisions on your behalf.
- 2 **Complete** your LPA form.
- 3 **Keep** your LPA until you (or your attorney) need to use it. During this period it cannot be used – and you continue to make decisions yourself.
- 4 **Register** your LPA with the OPG so that people can raise any concerns, and so that it can then be used.

Your LPA is only usable – and your attorney(s) able to make decisions on your behalf – once it has been registered and you have lost capacity to make the decisions yourself. **It is usually best to register your LPA as soon as you have completed the LPA form.**

It costs nothing to decide, complete and keep an LPA (unless you seek legal advice). You only have to pay a fee to register it.

**We recommend you register your LPA early so that any problems can be resolved and your LPA can be used as soon as it is required.**

Your attorneys will only be able to act after you have lost mental capacity.

### If you keep your LPA and delay registration ...

If you keep your LPA until you lose capacity, it may by that time contain errors that could prevent it being registered, or the information in it may have become out of date. If your LPA is rejected, you will not be able to make another one.

There are also occasions when errors cannot be corrected even where you have not yet lost capacity. For example, where there is an error in either Part B or Part C of the LPA form we would normally send out a new Part B or Part C for completion. The legislation does not allow a significant delay between completion of each part of the form and therefore we may have to reject the whole form if there has been a significant delay since the original was signed.

Registration takes at least 6 weeks. If you need your LPA to be used urgently, it can not be used during the 6 week period. If your attorney needs to make decisions urgently, they will have to apply for a Court order.

You do not need to pay a fee until you make an application to register your LPA.

After registration you do not need to inform the OPG every time there is a change of address (or name) of any of the people in your LPA.

## The documents required – all in your creation pack

To **complete** your LPA, use

- the information sheet
- the LPA form and
- the LPA form continuation sheets.

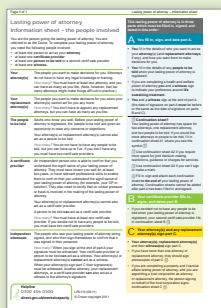
Guidance on using these is covered in Chapters 3 to 5.

To **register** your LPA, use

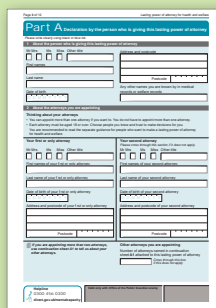
- Form LPA001 'Notice of intention to apply for registration' Form
- LPA002 'Application to register a Lasting Power of Attorney'.

See 'Guidance on registering an LPA' in the creation pack.

Read the information sheet



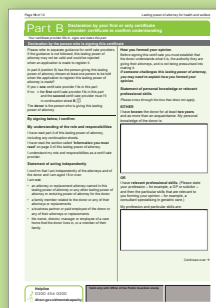
You complete LPA form part A



Part A must be signed before Parts B and C.



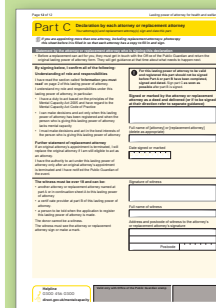
Your **certificate provider(s)** complete LPA form part B



Part B must be signed after Part A but before Part C.



Each **attorney** completes a copy of LPA form part C



Your completed LPA form cannot be amended once it has been signed and dated. If you want to amend your LPA, fill in a new copy of the form.



You or your attorney(s) register, to make your LPA usable.

You are advised to include all the pages from your completed LPA form. This includes the cover sheet which asks you about how many attorneys and replacement attorneys you are appointing and the second page which starts with 'Information you must read'.

If you change your mind about the contents of your LPA after it has been registered, you can revoke it if you have the capacity to do so. You should also contact the OPG for information on how to get the LPA removed from the register.

## Chapter 3

How to make your lasting power of attorney –  
the person who is giving the lasting power of attorney the  
donor / part A

## Information sheet

### In summary

Your lasting power of attorney creation pack includes this information sheet. You do not need to include this information sheet when you submit your application.

It summarises all the people involved in the creation of your lasting power of attorney. It explains what each person's role is, and how many people you need.

It also explains the three parts of the lasting power of attorney form (A – the blue pages, B – the green pages, and C – the yellow page), and who completes each part. (The OPG will accept completed LPA forms printed from a pdf on a black and white printer)

### Use this sheet as a reference:

- When you are choosing your attorneys, people to be told, certificate provider(s) etc.
- When you are filling in your lasting power of attorney

### Each role in detail

For detailed information about each role, and how to choose people for each role, see the following pages within this guidance:

- Attorneys: see page 13
- Replacement attorneys: see pages 15-17
- People to be told: see page 26
- Certificate providers: see page 31
- Witnesses: see page 28


Page 1 of 1




Lasting power of attorney – Information sheet

This lasting power of attorney is in three parts which must be filled in, signed, and dated in this order:


**A You fill in, sign, and date part A.**

- You fill in the details of who you want to act as your attorney(s) (and replacement attorneys, if any), and how you want them to make decisions for you.
- You fill in the details of any people to be told when your lasting power of attorney is registered.
- If you are completing a health and welfare power of attorney you and a witness sign to indicate your preference around life sustaining treatment.
- You and a witness sign at the end of part A (the date of signature on part A must be before or the same as the date of signature on parts B and C).



**Continuation sheet?**  
Your lasting power of attorney has space for two attorneys, one replacement attorney, and two people to be told. If you would like more attorneys or people to be told, fill in continuation sheet A1 where you see this symbol .

-  Use continuation sheet A2 if you require more space for joint decision making, restrictions, guidance or charges for services.
-  Use continuation sheet A3 if you can't sign or make a mark.
-  Fill in, sign and attach each continuation sheet to the end of your lasting power of attorney. Continuation sheets cannot be added after part A has been filled in and signed.

**B Your certificate provider fills in, signs, and dates part B.**

- If you decided not to have any people to be told when your lasting power of attorney is registered, your second certificate provider fills in continuation sheet B .

**C Your attorney(s) and any replacement attorney(s) sign part C.**

- Your attorney(s), replacement attorney(s) and their witness(es) sign part C.
- If you have more than one attorney or replacement attorney, they should sign photocopies of part C .
- If you are completing a property and financial affairs lasting power of attorney, and you are appointing a trust corporation as attorney or replacement attorney, the person signing on behalf of the trust corporation signs continuation sheet C .

**Information sheet – the people involved**

You are the person giving the lasting power of attorney. You are referred to as the Donor. To complete your lasting power of attorney, you need the following people involved:

- at least one person to act as your attorney
- at least one certificate provider
- at least one person to be told or a second certificate provider
- at least one witness.

**Your attorney(s)** The people you want to make decisions for you. Attorneys do not have to have any legal knowledge or training.  
*How many?* You must have at least one attorney, and you can have as many as you like. (Note, however, that too many attorneys might make things difficult in practice.)

**Your replacement attorney(s)** The people you want to make decisions for you when your attorney(s) cannot act for you any more.  
*How many?* You don't have to appoint any replacement attorneys, but you can have as many as you like.

**The people to be told** Adults who know you well. Before your lasting power of attorney is registered, the 'people to be told' are given an opportunity to raise any concerns or objections.  
Your attorney(s) or replacement attorney(s) cannot also act as a person to be told.  
*How many?* You do not have to have any people to be told, but you can have up to five. If you don't have any, you must have two certificate providers.

**A certificate provider** An independent person who is able to confirm that you understand the significance of your lasting power of attorney. They must have known you well for at least two years, or have relevant professional skills to enable them to confirm that you understand the significance of your lasting power of attorney (for example, your GP or solicitor). They also need to certify that no undue pressure or fraud is involved in the making of the lasting power of attorney.  
Your attorney(s) or replacement attorney(s) cannot also act as a certificate provider.  
A person to be told can act as a certificate provider.  
*How many?* You must have at least one certificate provider. If you decide not to have any people to be told, you must have two certificate providers.

**Independent witnesses** The people who see your lasting power of attorney being signed, and who then sign themselves to confirm that it was signed in their presence.  
*How many?* When you sign at the end of part A your signature must be witnessed. Your certificate provider or person to be told can act as a witness. Your attorney(s) or replacement attorney(s) cannot act as a witness.  
When your attorney(s) sign part C their signature(s) must be witnessed. Another attorney, your replacement attorney, or a certificate provider can also act as a witness to the attorney's signature.

Helpline  
0300 456 0300  
direct.gov.uk/mentalcapacity

LPA113 (09.11)  
© Crown copyright 2011

### The detail: continuation sheets

The lasting power of attorney form comes with continuation sheets which allow you to provide information in a way that will help the registration process.

Your completed lasting power of attorney must be made up of your completed form and any completed continuation sheets – you should not provide additional information on any pieces of paper other than the sheets provided (or copies of them).

**Continuation sheet A1** allows you to nominate more attorneys, replacement attorneys, or people to be told. You can

- fill in any number of people on this sheet (bearing in mind that you cannot have more than five people to be told)
- attach as many sheets as you need.

**Continuation sheet A2** allows you to provide more information about how you want your attorneys to make decisions on your behalf. You can

- provide as much additional information as you like on this sheet
- attach as many sheets as you need.

**Continuation sheet A3:HW** should only be used if you can not sign or make a mark. If needed, only one copy of this sheet should be attached.

**Continuation sheet B** should only be used if you have no people to be told, and therefore need to nominate a second certificate provider. If needed, only one copy of this sheet should be attached.

**Continuation sheet C** is not applicable to a health and welfare LPA.

## About page 1

### In summary

This is page one of the three part form you use to make your LPA.


This guidance document is the 'relevant guidance' referred to here.

Page 1 of 12 – Keep all pages of this form together

For OPG office use only

LPA HW registered on

OPG reference number



**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

### 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:**

- Please read the guidance available at [direct.gov.uk/mentalcapacity](http://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.
- Make sure you understand the purpose of this lasting power of attorney and the extent of the authority you are giving your attorneys.
- Read the separate **Information sheet** to understand all the people involved, and how the three parts of the form should be filled in.
- Make sure you, your certificate provider(s), and your attorney(s) have read the section on page 2 called **Information you must read** before filing in their relevant part.

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

LPA HW (07.11) © Crown copyright 2011

 **Helpline**  
0300 456 0300  
[direct.gov.uk/mentalcapacity](http://direct.gov.uk/mentalcapacity)

Valid only with Office of the Public Guardian stamp

### Completion tips

Don't fill in the checklist until you have finished filling in the form and completed your LPA. It summarises all the people involved in your LPA and allows you to note how many continuation sheets (if any) your LPA has.

Registration is not dependent on completion of this checklist, but it is a useful check that you have filled in your LPA form correctly. It also reduces potential fraud (by making it harder for someone to amend any pages of your LPA). It is therefore advisable to include both this page and the following page when you send the application in for registration.

## About page 2

### In summary

Because the LPA form is a powerful legal document, some key aspects of the Mental Capacity Act 2005 must be read by everyone involved in making an LPA. (Alternatively the information can be read to you.)

After reading this page, if you feel unsure about any aspect of making your LPA, you are advised to read this guidance booklet throughout – it should provide answers to most questions you may have. If you still feel unsure,

- obtain legal advice
- contact the OPG on 0300 456 0300.

Page 2 of 12

Lasting power of attorney for health and welfare

**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](http://tso.co.uk) or read it online at [direct.gov.uk/mentalcapacity](http://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](http://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 documents or accounts:  
**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](http://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 8 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](http://direct.gov.uk/mentalcapacity)

**Helpline**  
0300 456 0300  
[direct.gov.uk/mentalcapacity](http://direct.gov.uk/mentalcapacity)

Valid only with Office of the Public Guardian stamp

**To avoid rejection of your LPA when applying to register ...**

Make sure you follow the instructions on how to fill in the form.

## About page 3

### In summary

In section 1, fill in details about you (i.e. the person who is giving the lasting power of attorney the 'donor'), making sure you provide your usual address.

In section 2, fill in details of the person(s) you have chosen to make decisions for you (i.e. your attorney(s)) about your health and welfare.

### To avoid rejection of your LPA when applying to register ...

Make sure that you provide details of named individuals (i.e. not a title, like 'Director of Social Services', or the name of a firm of solicitors).

### To avoid problems with your LPA when applying to register ...

If you have only one attorney make sure you cross through the second attorney.

You can have as many attorneys as you like. Supply their details on continuation sheet A1 if you are appointing more than two.

Make sure you complete the date of birth field for each attorney or the appointment may be invalid.

The image shows a screenshot of the 'Part A Declaration by the person who is giving this lasting power of attorney' form. It is divided into two main sections:

- Section 1: About the person who is giving this lasting power of attorney**
  - Fields for title (Mr, Mrs, Ms, Miss, Other), first and last names, date of birth, and address/postcode.
  - Field for other names known in medical records.
- Section 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:**
    - Fields for title, first and last names, date of birth, and address/postcode.
  - Your second attorney:**
    - Fields for title, first and last names, date of birth, and address/postcode.
  - Other attorneys you are appointing:**
    - Number of attorneys named in continuation sheet A1 attached to this lasting power of attorney.
    - A box to cross through if not applicable.

At the bottom, there is a helpline number (0300 456 0300) and a note that the form is valid only with an Office of the Public Guardian stamp.

### The detail: choosing your attorney(s)

Being your attorney is an important role. You need to be sure that the person you choose knows you well enough to make decisions on your behalf that are in your best interests. You must be able to trust them.

You also need to make sure that the person is happy to take on the role. Get them to read Chapter 5 of this guide, for example. They sign part C of your LPA form to confirm that they understand their role and responsibilities.

Once your LPA has been registered, when you lack mental capacity, the person will be able to make all decisions about your health and welfare on your behalf – unless you specify otherwise in your LPA form (see page 23 for how to make restrictions and conditions).

Your attorney(s) could be anyone aged 18 or over for example:

- a family member
- a friend
- a health or social care professional
- your spouse, partner, or civil partner.

If you choose your spouse or civil partner, bear in mind that if the relationship is legally ended, your LPA will become unusable unless you:

- include a condition in your LPA that they can continue to act as your attorney (see page 23)
- appoint a replacement attorney (see page 15)
- have appointed more than one attorney and have indicated in section 4 that you would like them to act jointly and severally (see pages 18-19).

### Who you cannot choose to be your attorney

You cannot choose anyone who:

- is under the age of 18
- lacks mental capacity.

# Page 3 completed examples

## Example: appointing one attorney

Page 3 of 12 Lasting power of attorney for health and welfare

### 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

Address and postcode  
 38 LONDON ROAD  
 POST TOWN  
 COUNTY  
 Postcode 0P325YP

First names  
 ALISON LOUISE

Last name  
 WILSON

Date of birth  
 19031957

Any other names you are known by in medical records or welfare records  
 maiden name = SUNDERLAND

**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  
 PAUL SIMON

Last name of your first or only attorney  
 SUNDERLAND

Date of birth of your first or only attorney  
 28021959

Address and postcode of your first or only attorney  
 FLAT B, TRADESBROOK HOUSE, POST TOWN COUNTY  
 Postcode 0P265AA

**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  
~~\_\_\_\_\_~~

**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

**Helpline** 0300 456 0300  
[direct.gov.uk/mentalcapacity](http://direct.gov.uk/mentalcapacity)

Valid only with Office of the Public Guardian stamp

## Example: appointing three attorneys

Page 3 of 12 Lasting power of attorney for health and welfare

### 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

Address and postcode  
 45 LANDBROOKE ROAD  
 BATH  
 AVON  
 Postcode BA992PP

First names  
 JOHN WILLIAM

Last name  
 DAVIES

Date of birth  
 24091963

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  
 SHEILA

Last name of your first or only attorney  
 DAVIES

Date of birth of your first or only attorney  
 12051959

Address and postcode of your first or only attorney  
 45 LANDBROOKE ROAD  
 BATH  
 AVON  
 Postcode BA992PP

**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  
 ANDREW ROBERT

Last name of your second attorney  
 DAVIES

Date of birth of your second attorney  
 22081962

Address and postcode of your second attorney  
 19 VICTORIA ROAD  
 WREXHAM  
 CLWYD  
 Postcode LL9 8LL

**Other attorneys you are appointing**

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

**Helpline** 0300 456 0300  
[direct.gov.uk/mentalcapacity](http://direct.gov.uk/mentalcapacity)

Valid only with Office of the Public Guardian stamp

Page 3 of 12 Lasting power of attorney

### A1 Continuation sheet A1 – Additional people

Use this continuation sheet for details of all additional attorneys, replacement attorneys, or people to be told. Make copies of this sheet before filing it in if you need more than one sheet.

**About the additional people**

**For each additional person, provide the following details**

- Whether you want them to act as an attorney, replacement attorney or person to be told
- If you don't make your requirements for each person clear this lasting power of attorney could be rejected at registration
- Their title, full name, address (including postcode)
- Their date of birth

**For example:**

- Third attorney
- Mr John Smith,
- 38 London Street,
- Posttown, PC6 9ZZ
- 19 January 1960

**or:**

- Second replacement attorney
- Mrs Susan Jones
- 27 Lincoln Road,
- Posttown, PC7 9XX
- 12 December 1982

**THIRD ATTORNEY – MR PAUL DAVIES**  
 27 GEORGES MEWS  
 NEWCASTLE, NE12 9ZZ  
 D.O.B: 10-MARCH-1960

**About you**

Name of person who is giving this lasting power of attorney  
 JOHN WILLIAM DAVIES

Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney  
 \_\_\_\_\_

Date signed or marked  
 26102009

Please attach this sheet to the back of your lasting power of attorney before you sign and date the declaration in part A.

This is continuation sheet number 1  
 Total number of continuation sheets 2

And number your continuation sheets consecutively.

**Helpline** 0300 456 0300  
[direct.gov.uk/mentalcapacity](http://direct.gov.uk/mentalcapacity)

Valid only with Office of the Public Guardian stamp

LPA118 (09.11) © Crown copyright 2011

## About page 4

### In summary

In section 3, fill in details of the person(s) you have chosen to make decisions for you when your attorney(s) cannot act for you any more.

### Completion tips

If you have no replacement attorneys, make sure you cross through the whole of section 3.

You can have as many replacement attorneys as you like (but this may impact on the effective operation of your LPA). Supply their details on continuation sheet A1 if you are appointing more than one.

If you have appointed a sole attorney and more than one replacement attorney you should state in section 4 (see pages 18-19) whether you want them to act

- jointly
- jointly and severally
- jointly for some decisions, and jointly and severally for others.

If you don't, they will act jointly in the event of the sole attorney's appointment ending.

If you have appointed more than one original attorney and more than one replacement attorney you should set out the order in which the replacements should act. For example, if you appoint your spouse and child as your original attorneys and your grandchildren as the replacements, you could say that your grandchildren are to replace the first original attorney who is unable to act or they are to step in only when both original attorneys are unable to act. In the event that one of your attorneys becomes unable to act and in the absence of any direction from you on the order in which your replacement attorneys should act, they will all be able to start acting. The order in which you list the replacements is not a sufficient indication that you intend them to act in that order

Page 4 of 12 Lasting power of attorney for health and welfare

**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

First names of your first or only replacement

Address and postcode of your first or only replacement

Last name of your first or only replacement

Postcode

**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*

Helpline 0300 456 0300 [direct.gov.uk/mentalcapacity](https://direct.gov.uk/mentalcapacity)

Valid only with Office of the Public Guardian stamp

### The detail: choosing your replacement attorney(s)

At some point, your attorney(s) might not be able to make decisions for you. There are a lot of reasons why this could happen: for example, they could die, they could lack mental capacity themselves, or could just decide that they do not want to act for you any more.

Having at least one replacement attorney means that when this happens, your LPA will continue to be usable, because you have a replacement person to make decisions for you instead.

For example, if you choose your spouse to be your attorney, you might choose a son or daughter as your replacement attorney if your spouse dies.

When choosing replacement attorney(s), the same issues apply as for choosing your attorneys (see page 13). (So, in summary, you can choose anyone who is 18 or over and you need to be sure they understand their role and responsibilities, that they agree to being appointed, and get them to sign part C of your forms.)

If you decide to appoint a replacement attorney they will not make any decisions for you until they are needed to replace your attorney(s).

#### You cannot appoint a replacement attorney:

- **to make decisions for you when your attorney is still able to act (for example, when on holiday, or unavailable for some reason)**
- **to take over from another replacement attorney.**

Once you have signed and dated your LPA you cannot make any amendments – this includes adding or changing replacement attorneys.

Once your LPA has been registered, someone will need to inform the OPG if a replacement is to act. They will ask you to return the LPA, attach a note, update the LPA register, and send it back to you.

# Page 4 completed examples

## Example: appointing one replacement attorney

Page 4 of 12 Lasting power of attorney for health and welfare

**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 **24091963**

First names of your first or only replacement **ANDREW**

Address and postcode of your first or only replacement **45 LANDBROOKE ROAD**

Last name of your first or only replacement **BATH**

**SUNDERLAND**

**AVON**

Postcode **BA992PP**

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

Helpline 0300 456 0300 direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

## Example: appointing two replacement attorneys

Page 4 of 12 Lasting power of attorney for health and welfare

**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 **24091963**

First names of your first or only replacement **ANDREW**

Address and postcode of your first or only replacement **45 LANDBROOKE ROAD**

Last name of your first or only replacement **BATH**

**SUNDERLAND**

**AVON**

Postcode **BA992PP**

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 **ONE**

Cross through this box if this does not apply

Helpline 0300 456 0300 direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

Page 4 of 12 Lasting power of attorney

**A1 Continuation sheet A1 – Additional people**

Use this continuation sheet for details of all additional attorneys, replacement attorneys, or people to be told. Make copies of this sheet before filling it in if you need more than one sheet.

**About the additional people**

**For each additional person, provide the following details**

- Whether you want them to act as an attorney, replacement attorney or person to be told.
- If you don't make your requirements for each person clear this lasting power of attorney could be rejected at registration.
- Their title, full name, address (including postcode)
- Their date of birth

*For example:*

- Third attorney
- Mr John Smith,
- 38 London Street,
- Posttown, PC6 9ZZ
- 19 January 1960

*or:*

- Second replacement attorney
- Ms Susan Jones
- 27 Lincoln Road,
- Posttown, PC7 9XX
- 12 December 1962

**MY SECOND REPLACEMENT ATTORNEY:**

**MR PAUL DAVIES**

**27 GEORGES MEWS**

**NEWCASTLE, NE12 9ZZ**

**D.O.B: 10-March-1960**

**About you**

Name of person who is giving this lasting power of attorney **JOHN WILLIAM DAVIES**

Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney

Date signed or marked **26102009**

Please attach this sheet to the back of your lasting power of attorney before you sign and date the declaration in part A.

This is continuation sheet number **1**

Total number of continuation sheets **2**

And number your continuation sheets consecutively.

Helpline 0300 456 0300 direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

LPA118 (09.11) © Crown copyright 2011

## Page 4 completed examples

### Completion tips

#### About filling in completion sheets

Fill in as many additional people as you like on continuation sheet A1 – you don't need a fresh sheet for each one.

Make sure it is clear what role you have chosen each person for.

#### To avoid rejection of your LPA when applying to register ...

Continuation sheets can only be used for one LPA. If you are making two LPAs you must use separate copies of the continuation sheet(s).

Make sure each continuation sheet clearly states the person whose LPA it belongs with.

Your signature and date on all your A1 continuation sheets must be the same as your signature and date at the end of part A. If the form is not signed or not dated, it will be treated as invalid.

### Example: specific instructions for how two replacement attorneys replace two attorneys

Lasting power of attorney

## A1 Continuation sheet A1 – Additional people

Use this continuation sheet for details of all additional attorneys, replacement attorneys, or people to be told. Make copies of this sheet before filling it in if you need more than one sheet.

**About the additional people**

For each additional person, provide the following details

- Whether you want them to act as an attorney, replacement attorney or person to be told

**For example:**

- Third attorney
- Mr John Smith,
- 38 London Street,
- Posttown, PC6 9ZZ
- 19 January 1960

**or:**

- Second replacement attorney
- Mrs Susan Jones
- 27 Lincoln Road,
- Posttown, PC7 9XX
- 12 December 1962

**! If you don't make your requirements for each person clear this lasting power of attorney could be rejected at registration**

- Their title, full name, address (including postcode)
- Their date of birth

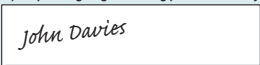
*MY SECOND REPLACEMENT ATTORNEY IS:*  
*MR TREVOR WINSTON*  
*39 CARTER CRESCENT*  
*LEEDS, LS67 8GP*  
*D.O.B: 10-OCTOBER-1957*

*My two replacement attorneys are to replace both original attorneys only when they are both unable to act. (I do not want either of my replacement attorneys to replace a single attorney who is unable to act.)*

**About you**

Name of person who is giving this lasting power of attorney  
 JOHN WILLIAM DAVIES

Date signed or marked  
 26/02/09

Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney  


Please attach this sheet to the back of your lasting power of attorney before you sign and date the declaration in part A. And number your continuation sheets consecutively.

This is continuation sheet number   
 Total number of continuation sheets

Helpline 0300 456 0300  
[direct.gov.uk/mentalcapacity](http://direct.gov.uk/mentalcapacity)

Valid only with Office of the Public Guardian stamp

LPA118 (09.11) © Crown copyright 2011

## About page 5

### In summary

If you are appointing only one attorney and no replacements, you can cross through page 5 – the whole of section 4.

If you have appointed more than one attorney you indicate in section 4 how you want them to act together when making decisions for you. This also applies if you have one attorney and more than one replacement attorney.

### To avoid rejection of your LPA when applying to register ...

Choose only one of the three options.

If you tick 'Jointly and severally' (the second tick-box) do not list any decisions that you want your attorneys to make jointly. If you do want them to make some decisions jointly and some on their own, you must tick 'Jointly for some decisions, and jointly and severally for other decisions' (the third tick-box).

### Completion tips

If you only have one attorney and no replacements, make sure you cross through the whole of section 4.

Only fill in the lower box if you ticked the third tick-box. You can list as many decisions to be made jointly/jointly and severally as you like – if you run out of space use continuation sheet A2.

If you have more than one attorney and

- you do not tick one of the boxes, or
- you cross through this section,

your attorneys will make decisions jointly

If you have appointed more than one original attorney and more than one replacement attorney you should set out the order in which the replacements should act.

Page 5 of 12 Lasting power of attorney for health and welfare

#### 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  → Go to section 5 and cross through the box below

Jointly and severally  → Go to section 5 and cross through the box below

Jointly for some decisions, and jointly and severally for other decisions

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

Helpline 0300 456 0300 direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

For example, if you appoint your spouse and child as your original attorneys and your grandchildren as the replacements, you could say that your grandchildren are to replace the first original attorney who is unable to act or they are to step in only when both original attorneys are unable to act.

In the event that one of your attorneys becomes unable to act and in the absence of any direction from you on the order in which your replacement attorneys should act, they will all be able to start acting. The order in which you list the replacements is not a sufficient indication that you intend them to act in that order

### The detail: how you want your attorneys to make decisions on your behalf

This will depend on how many attorneys and replacement attorneys you are appointing, how happy you are for individuals to make decisions, the individuals themselves, and how quickly you might need them to make decisions, for example.

### Jointly

Choosing this option means that all your attorneys must always make all decisions together. If one of your attorneys does not agree with something, that decision cannot be made on your behalf.

You might choose this option, for example, if you want to be sure that your attorneys are in agreement about every decision. However, bear in mind that:

- getting agreement of all your attorneys could take extra time, and delay otherwise straightforward decisions that could (or may need to) be taken very quickly even if there is no disagreement
- if your attorneys cannot work together, your LPA may be cancelled
- if one of your attorneys dies or can no longer act, your LPA will be cancelled unless a replacement attorney has been appointed. In such a case the surviving original attorney(s) can no longer act and the replacement attorney will step in and act alone.

## About page 5 (continued)

### Jointly and severally

Choosing this option means that all your attorneys can act together or independently for all decisions. So, any one of your attorneys can make any decision on your behalf.

You might choose this option if, for example:

- one of your attorneys is closely involved in your welfare, and you trust them to make your decisions on their own
- one of your attorneys is frequently unavailable (working abroad, for example)
- you want to ensure that your LPA continues to be workable if one of your attorneys dies.

Many people find this option works best for them.

Page 5 of 12 Lasting power of attorney for health and welfare

**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  → Go to section 5 and cross through the box below

Jointly and severally  → Go to section 5 and cross through the box below

Jointly for some decisions, and jointly and severally for other decisions

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

Helpline 0300 456 0300 [direct.gov.uk/mentalcapacity](https://direct.gov.uk/mentalcapacity)

Valid only with Office of the Public Guardian stamp

### Jointly for some decisions, and jointly and severally for other decisions

Choosing this option means that your attorneys can make some decisions independently. But for other decisions they must all be in agreement.

You might choose this option if, for example, you want your attorneys to

- make decisions about whether to consent to medical treatment on their own
- be in agreement when making more significant decisions – like where you live.

If you choose this option, you need to list all the decisions that can be made

- jointly
- jointly and severally

**Note** that you cannot allocate a particular decision to a specific attorney. For example you cannot say that any decisions about life sustaining treatment must only be made by your first attorney.

Bear in mind that if one of your attorneys dies (or can no longer act on your behalf), the other attorney will not be able to make the decisions you have specified to be taken jointly. In this situation it is advisable to have a replacement attorney. The surviving original attorney(s) may act with the replacement attorney in making decisions which may be taken jointly and severally but cannot continue to make decisions which were to be taken jointly. The replacement attorney will make those decisions.

# Page 5 completed examples

## Example: choosing attorneys to act jointly for some decisions, and jointly and severally for other decisions

Page 5 of 12 Lasting power of attorney for health and welfare

**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  → Go to section 5 and cross through the box below

Jointly and severally  → Go to section 5 and cross through the box below

Jointly for some decisions, and jointly and severally for other decisions

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

*My attorneys must act jointly in relation to decisions about where I live, and may act jointly and severally for everything else.*

If you need more space, use continuation sheet A2

Helpline 0300 456 0300 direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

Page 5 of 12 Lasting power of attorney for health and welfare

**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  → Go to section 5 and cross through the box below

Jointly and severally  → Go to section 5 and cross through the box below

Jointly for some decisions, and jointly and severally for other decisions

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

*My attorneys must act jointly in relation to decisions I have authorised them to make about life-sustaining treatment, and may act jointly and severally for everything else.*

If you need more space, use continuation sheet A2

Helpline 0300 456 0300 direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

Page 5 of 12 Lasting power of attorney for health and welfare

**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  → Go to section 5 and cross through the box below

Jointly and severally  → Go to section 5 and cross through the box below

Jointly for some decisions, and jointly and severally for other decisions

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

*My attorneys must act jointly in relation to decisions about whether I should have surgical treatment, and may act jointly and severally for everything else.*

If you need more space, use continuation sheet A2

Helpline 0300 456 0300 direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

## About page 6

### In summary

Read the information at the top of this page, and decide if you want your attorney(s) to give or refuse consent to life-sustaining treatment on your behalf.

**This is an extremely important feature of your LPA and we recommend that you read all of this page of guidance before making your decision.**

If you decide that you do – sign and date at Option A.

If you decide that you don't – sign and date at Option B.

Your witness signs at the same time.

### Completion tips

If you are not able to sign or make a mark, choose another person to sign on your behalf, and use continuation sheet A3:HW, crossing through the whole of page 6.

Don't sign both option boxes.

If you leave both option boxes blank, Option B will apply to your LPA, and your attorney(s) will not be able to give or refuse consent to life-sustaining treatment.

If you choose Option A you should make absolutely clear in Section 6 (see page 24) any restrictions or guidance relating to this.

### To avoid rejection of your LPA when applying to register ...

Make sure your witness writes their name and address clearly and legibly.

Your chosen attorney(s) or replacement attorney(s) cannot act as a witness.

Page 6 of 12 Lasting power of attorney for health and welfare

**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

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

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

Valid only with Office of the Public Guardian stamp

### The detail: life-sustaining treatment

Life-sustaining treatment means any treatment that a doctor considers necessary to keep you alive, for example:

- a serious surgical operation, like a heart bypass
- receiving chemotherapy, radiotherapy, or other cancer treatment or surgery
- an organ transplant.

However, if you have breathing problems and develop pneumonia, a simple course of antibiotics could be regarded as life-sustaining.

Artificial nutrition or hydration (ANH) can also be life-sustaining. ANH is food and water given to someone other than by their mouth.

In a health and welfare LPA your attorney(s) can only make decisions on your behalf – whether about life-sustaining treatment or not – once you lack mental capacity. This is an important safeguard.

Your attorneys cannot make decisions about life-sustaining treatment on your behalf unless you specifically state in your LPA that you do want them to. You do this by signing Option A. This would allow your attorney(s) to decide to withdraw treatments like ANH in situations where it has become a burden or is not working.

If you don't want your attorney(s) to make decisions about life-sustaining treatment and sign Option B, your doctors will make the decision. They will carry out a best interests assessment – taking into account the views of your attorney(s) and others involved in your welfare.

### The detail: being a witness

Your witness is someone who signs your LPA to confirm that they witnessed you signing and dating it.

The same person could witness your signature here and at the end of part C (see page 36). If you have separate witnesses the relevant person must see you sign and date that part of the form.

# Page 6 completed examples

## Example: Option A signed, dated and witnessed

Page 6 of 12 Lasting power of attorney for health and welfare

**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 specifics of the 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

*John Williams*

Date signed or marked ⓘ The date you sign (or mark) here must be the same as the date you sign or mark section 10 Declaration.  
26/02/09

**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 certifier 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

*Kate Baxter*

Full names of witness  
KATE JANE BAXTER

Address and postcode of witness  
45 CROFTDOWN ROAD  
BATH  
AVON  
Postcode BA102PH

Helpline 0300 456 0300  
direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

## Example: Option A signed, dated and witnessed on behalf of someone who cannot sign or make a mark

Page 1 of 2 Lasting power of attorney for health and welfare

**A3:HW Continuation sheet A3 (health and welfare) – if you cannot sign or make a mark**

Use this continuation sheet if you cannot sign or make a mark at part A of your lasting power of attorney.

The person signing on behalf of the person giving this lasting power of attorney must

- sign in the person's presence and in the presence of two witnesses.
- sign in their own name.
- not also be a witness.

Full name of the person signing  
KATE JANE BAXTER

**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.

Signature of someone signing for the person who is giving this lasting power of attorney

*Kate Baxter*

Date signed ⓘ The date you sign here must be the same as the date you sign below.  
26/02/09

**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.

Signature of someone signing for the person who is giving this lasting power of attorney

Date signed ⓘ The date you sign here must be the same as the date you sign below.  
DDMMYYYY

**Signature of someone signing on behalf of the person giving this lasting power of attorney**

I confirm that I have signed at Option A or Option B in the presence of and directed by the person giving this lasting power of attorney and in the presence of two witnesses

Date signed ⓘ Sign and date Option A or Option B above, and each continuation sheet, at the same time as you sign part A here. You must sign and date part A here before parts B and C are signed and dated.  
26/02/09

*Kate Baxter*

**This continuation sheet has two pages. Two witnesses must sign on the next page →**

Number each page individually and attach both pages of continuation sheet A3:HW to the back of your lasting power of attorney after they have been signed and dated.

This continuation sheet number   
Total number of continuation sheets

Continues over →

Helpline 0300 456 0300  
direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

LPA115 (09.11) © Crown copyright 2011

## Completion tips

Fill in your name – the donor – the person giving the LPA.

Page 2 of 2 Lasting power of attorney for health and welfare

**A3:HW Continuation sheet A3 (health and welfare) – if you cannot sign or make a mark (continued)**

**Each witness**

- Must be 18 or over.
- Cannot be an attorney or replacement attorney named at part A or any continuation sheets A to this lasting power of attorney.
- Can be a certifier 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.

**Witnessed by**  
Signature of first witness

*Henry Jones*

Date signed  
26/02/09

Full names of first witness  
HENRY JONES

Address and postcode of first witness  
19 VICTORIA ROAD  
WREXHAM  
CLWYD  
Postcode LL9 8LL

**Also witnessed by**  
Signature of second witness

*Martha Jones*

Date signed  
26/02/09

Full names of second witness  
MARTHA JONES

Address and postcode of second witness  
19 VICTORIA ROAD  
WREXHAM  
CLWYD  
Postcode LL9 8LL

**About you**  
Name of person who is giving this lasting power of attorney  
JOHN WILLIAM DAVIES

**This continuation sheet has two pages.**

Number each page individually and attach both pages of continuation sheet A3:HW to the back of your lasting power of attorney after they have been signed and dated.

This continuation sheet number   
Total number of continuation sheets

Helpline 0300 456 0300  
direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

## About page 7

### In summary

In section 6, fill in details about any restrictions or conditions which your attorneys must follow when they make decisions for you, making sure they will work in practice.

In section 7, fill in details of any guidance you want your attorneys to take into account when they make decisions for you.

Restrictions and conditions are legally binding and must be followed. Guidance is not binding.

In section 8, fill in details about what payment you have agreed that should be made to your attorneys for the decision-making they do on your behalf.

### To avoid rejection of your LPA when applying to register ...

Make sure that you explain restrictions and conditions clearly and in such a way that third parties, such as health care professionals for example, can easily follow them without confusion.

If your LPA contains a restriction that will not work in practice, it may not be registered – and may result in a delay in the time taken for your LPA to be usable. (This can also lead to additional costs.)

If you are in any doubt about this, you are advised to seek professional advice.

Restrictions and conditions that will not work include asking your attorneys to require doctors to give you particular treatments. You can see many examples of invalid restrictions by looking at the 'Orders made by the Court of Protection' pages on the Justice.gov.uk website. The most common example is stating that a specific decision can only be made by all attorneys when you have appointed them to act Jointly and Severally

The image shows a screenshot of page 7 of the 'Lasting power of attorney for health and welfare' form. It is divided into three main sections:

- Section 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** (A large empty box for writing restrictions.)
- Section 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** (A large empty box for writing guidance.)
- Section 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** (A large empty box for recording payment details.)

At the bottom of the page, there is a helpline number (0300 456 0300), the website direct.gov.uk/mentalcapacity, and a note that the page is valid only with an Office of the Public Guardian stamp.

### The detail: restrictions and conditions

If you leave this box blank, or cross through it, once your LPA has been registered and you lose capacity your attorney(s) will be able to make **all** decisions about your health and welfare on your behalf.

Filling in this box gives you the opportunity to specify:

- procedures they **must** follow (not consenting to medical treatment involving blood products, for example, as this might be against your religion)
- advice they **must** seek (consulting your doctor's opinion over decisions about moving you into residential care, for example).

An example of a typical, useful, restriction, would be one which states that your attorney(s) must not consent to any life-sustaining treatment if you are in a persistent vegetative state.

Bear in mind that any restrictions and conditions which you fill in here are binding – your attorneys must follow them.

## About page 7 (continued)

### Completion tips

If you do not want to impose any restrictions, provide guidance, or make payment to your attorneys, make sure you cross through each box.

A requirement that cannot be incorporated as a restriction can often be achieved as guidance. For example, if you have 3 attorneys acting jointly and severally you cannot include a 'restriction and condition' that two of them must act jointly in relation to decisions about moving into residential care. It is possible, however to state in the 'guidance for your attorneys' that you wish them to work together for decisions of this kind.

You can list as many restrictions, guidance notes, and payment notes as you like – if you run out of space use continuation sheet A2. (Bear in mind that making lots of restrictions and guidance could result in your LPA being impractical.)


Page 7 of 12 Lasting power of attorney for health and welfare

**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.

Helpline  
0300 456 0300  
[direct.gov.uk/mentalcapacity](https://direct.gov.uk/mentalcapacity)

Valid only with Office of the Public Guardian stamp

### The detail: guidance

Giving guidance about how you want your attorney(s) to act is not binding. Filling in this box gives you the opportunity to provide broader information that you would like your attorney(s) to consider when making decisions on your behalf. For example,

- your views on different medical treatments
- areas you prefer to live in
- your preferences for regular exercise
- preferred helpers or care workers
- who you would like your attorney(s) to consult.

Guidance is anything that you feel will help your attorney(s) when making decisions in your best interests.

### The detail: payment

You should discuss and agree with your attorney(s) before completing your LPA, whether they are to be paid for acting on your behalf.

Your attorney(s) do not have to be paid. And you can, for example, decide to pay each of your attorneys differently. Payment is not usual for a health and welfare attorney

All attorneys can claim reasonable out-of-pocket expenses that they incur whilst acting on your behalf.

# Page 7 completed examples

## Example: restrictions, guidance, and payment

Page 7 of 12 Lasting power of attorney for health and welfare

**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

*My attorneys must not decide that I am to move into residential care unless, in my doctor's opinion, I can no longer live independently*

*continued on sheet A2*

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

*I prefer to live within 5 miles of my sister.*

*I prefer to be prescribed generic medicines where they are available.*

*Continued on sheet A2*

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

*Each attorney should be paid a single fee of £1000 each year, the payment to be made on 20 December each year*

If you need more space, use continuation sheet A2

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

Helpline 0300 456 0300 [direct.gov.uk/mentalcapacity](https://direct.gov.uk/mentalcapacity)

Valid only with Office of the Public Guardian stamp

Lasting power of attorney

**A2 Continuation sheet A2 – how your attorneys make decisions jointly and severally, restrictions & conditions, guidance, payment**

Only use this continuation sheet to provide further additional information about how you want your attorneys to act. Make copies of this sheet before filling it in if you need more than one sheet.

**About the additional information**

**For each additional piece of information you are providing, state whether it relates to:**

- Which decisions your attorneys should make jointly and which decisions they should make jointly and severally (only if this applies)
- Restrictions and conditions
- Guidance to your attorneys
- Paying your attorneys

*My further restrictions and conditions:*

*My attorneys must not consent to any medical treatment involving blood products, as this would be against my religion.*

*My attorneys must ensure that I am given only vegetarian food.*

*My further guidance is as follows:*

*I would like to take exercise at least three times per week whenever I am physically able to do so.*

**About you**

Name of person who is giving this lasting power of attorney	Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney
<i>JOHN WILLIAM DAVIES</i>	<i>John Davies</i>
Date signed or marked	
<i>26 10 2009</i>	

Please attach this sheet to the back of your lasting power of attorney before you sign and date the declaration in part A.

This is continuation sheet number 7

Total number of continuation sheets 2

And number your continuation sheets consecutively.

Helpline 0300 456 0300 [publicguardian.gov.uk](https://publicguardian.gov.uk)

Valid only with Office of the Public Guardian stamp

## About page 8

### In summary

Fill in details of the person(s) who you know well, and who you would like to be given the opportunity to raise any concerns before your LPA is registered.

If you do not want any people to be told at that time, cross through page 8 – the whole of section 9.

### To avoid rejection of your LPA when applying to register ...

If you do not want any people to be told when your LPA is registered, you must have two certificate providers – one to complete part B and the second to complete continuation sheet B (for guidance on certificate providers see page 31).

It's not essential, but it's a good idea to mention who you have appointed as attorney(s), and as certificate provider, when you discuss your LPA with your people to be told – so that they may raise any concerns.

Make sure that you provide details of named individuals (i.e. not a title, like 'Director of Social Services', or the name of a firm of solicitors).

### Completion tips

If you have only one person to be told, make sure you cross through the second one.

You can choose up to five people to be told. Supply their details on continuation sheet A1 if you are appointing more than two.

If contact details change for any of your people to be told after you have completed your LPA and before it is registered, do not make any changes to your LPA. This would make it invalid. Instead, record any changes on a separate sheet of paper, and keep this with your LPA.

Your people to be told could die, or move away – this is a good reason to register your LPA straightaway.

Page 8 of 12 Lasting power of attorney for health and welfare

**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 <small>Please cross through this section if it does not apply.</small>	The second person to be told <small>Please cross through this section if it does not apply.</small>
Mr Mrs <input checked="" type="checkbox"/> Miss Other title <input type="checkbox"/>	Mr Mrs Ms Miss Other title <input type="checkbox"/>
First names of first or only person to be told	First names of second person to be told
Last name of first or only person to be told	Last name of second person to be told
Address and postcode of first or only person to be told	Address and postcode of second person to be told
Postcode	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

Helpline 0300 456 0300  
direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

### The detail: choosing your people to be told

To make sure that someone hasn't put you under pressure to make your LPA you can choose up to five people to be told about it when an application is made to register it. This is an important safety aspect of your LPA.

When an application is made to register your LPA each of your people to be told are contacted by you or your attorney(s) using form LPA001. They are given five weeks (from the day on which the notice is given) to raise any concerns (for detailed information on this see this guidance, Chapter 6).

Your people to be told do not have to do anything when they receive your LPA001 notice form – but they have the opportunity to raise any concerns. It is therefore advisable to ask the individual if they are happy to take on this role before naming them here. It is also advisable that your people to be told are over the age of 18.

You can choose anyone who knows you well enough to be able to raise any concerns that they might have about your LPA. Let them know that you would like them to perform this role. So that they understand what they are being asked to do, get them to read Chapter 1 of this guidance. And if they are not happy to do this for you, choose someone else.

Your people to be told could (and will often) be:

- family members
- friends.

#### You cannot choose:

- your chosen attorney(s)
- your chosen replacement attorney(s).



## About page 9

### In summary

After you have completed pages 3 to 8 (i.e. part A) of your LPA, read the declaration on page 9. If you are then happy with the contents of your LPA, choose someone to act as a witness.

You and your witness then sign and date section 10.

You must do this **before** your certicate provider signs part B and your attorneys sign part C.

### Completion tips

If you are not able to sign or make a mark, choose another person to sign on your behalf, and use continuation sheet A3:HW, crossing through the whole of page 9.

The phrase 'signed (or marked) by the person giving this lasting power of attorney and delivered as a deed' is a legal phrase that gives legal formality to your LPA.

### To avoid rejection of your LPA when applying to register ...

Make sure your witnesses write their name and address clearly and legibly.

Your chosen attorney(s) or replacement attorney(s) cannot act as a witness to your signature.

Page 9 of 12 Lasting power of attorney for health and welfare

**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.

**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 certicate 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.**

**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 certicate of understanding at part B.

**OR**  
I do not want anyone to be told, and have chosen two people to sign certicate 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  
DDMMYYYY

**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.

**Witnessed by**  
Signature of witness

Full names of witness

Address and postcode of witness

Postcode

Helpline 0300 456 0300 direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

### Completion tips

You do not need to cross through anything here.

### The detail: being a witness

Your witness is someone who signs your LPA to confirm that they witnessed you signing and dating it. This is an important safety aspect of your LPA.

The same person could witness both your signature to part A (here), and your attorney(s) signature(s) to part C (see page 36).

If you have two separate witnesses, one for part A and one for part C, each witness must see the relevant person sign and date that part of the form.

## Page 9 completed examples

## Example: part A signed, dated, and witnessed

Page 9 of 12 Lasting power of attorney for health and welfare

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

**Before signing please check that you have:**

- filed in every answer that applies to you
- crossed through blank boxes that do not apply to you
- filed 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.

**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 certifier 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.**

**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**

*John Davies*

Date signed or marked  
*26/02/09*

**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.

**Witnessed by**

Signature of witness  
*Kate Baxter*

Full names of witness  
*KATEJANE BAXTER*

Address and postcode of witness  
*45 CROFTDOWN ROAD*  
*BATH*  
*AVON*  
Postcode *BA102PH*

Helpline  
0300 456 0300  
[direct.gov.uk/mentalcapacity](http://direct.gov.uk/mentalcapacity)

Valid only with Office of the Public Guardian stamp

Chapter 4  
How to make your lasting power of attorney –  
certificate providers/part B

# Guidance for certificate providers

## About pages 10 and 11

### In summary

All certificate providers should read and understand parts A and B of your LPA, fill in one of the boxes on page 10, and then fill in, sign, and date page 11.

If in part A you decided not to have any people to be told, a second certificate provider does the same with continuation sheet B (which is two pages).

Your certificate provider(s) should complete part B as soon as possible after you sign part A. You could get your certificate provider to witness your part A signature, and then complete part B at the same time.

### To avoid rejection of your LPA when applying to register ...

Part B (and part C) must be kept with all the other pages of your LPA: without them your LPA cannot be registered. The LPA could also be rejected if there is a significant time delay between completion of each part of the form.

You cannot choose anyone who is listed here to be your certificate provider.

If your chosen certificate provider knows you personally, you need to ensure they tell us in what capacity they know you. It is not sufficient just to state how long they have known you.

### Completion tips

Make sure you cross through the box that has not been completed on page 10.

Make sure your certificate provider completes both pages – 10 and 11.

The image shows two pages of the 'Lasting power of attorney for health and welfare' form. Page 10 is titled 'Part B Declaration by your first or only certificate provider: certificate to confirm understanding'. It contains sections for 'Declaration by the person who is signing this certificate', 'How you formed your opinion', 'Statement of personal knowledge or relevant professional skills', and 'By signing below, I confirm:'. Page 11 is titled 'Part B - Declaration by the person who is signing this certificate (continued)'. It contains sections for 'Things you certify', 'Your signature', and 'Name and address of the person who is signing this certificate'. The form includes checkboxes for gender, title, and name fields, as well as a signature line and a date field.

### The detail:

A certificate provider is someone who you choose, who can confirm that you

- understand your LPA
- have not been put under pressure to make it and that it has not been completed fraudulently. This is an important safety aspect of your LPA.

### Who can be a certificate provider

Either someone who

- has known you for at least two years, or
- has relevant skill or knowledge to be able to form a professional judgement about your understanding.

If you choose someone with relevant professional skills, they must be one of the following:

- a registered healthcare professional (your doctor for example)
- a solicitor, barrister, or advocate
- a registered social worker
- an Independent Mental Capacity Advocate (IMCA)
- someone who considers that they have the relevant professional skills and can specify what they are (in the second box on page 10 of your LPA).

Family members, who cannot be a certificate provider, include, for example:

- spouse or civil partners (or people living together as such)
- children, grandchildren
- parents, grandparents
- brothers, sisters (including half-brothers and half-sisters)
- aunts, uncles
- nieces, nephews
- someone related by marriage (such as a son-in-law or daughter-in-law)
- Step-parents or Step-children

There are other relationships that the Public Guardian may consider ineligible. The Court may similarly rule on ineligible relationships. It is therefore advisable not to use anybody who has a family connection of any kind.

## About pages 10 and 11 (continued)

### Guidance for certificate providers

Being a certificate provider is an important role. In carrying out the role in a professional capacity you should have no doubt about the person's identity.

You need to fully understand what the role involves before agreeing to take it on – and you can refuse to do it if you do not feel able to confirm everything that you are being asked to certify.

In completing part B of the donor's LPA, you are confirming that in your opinion the donor understands

- what an LPA is
- the contents of their LPA
- the powers they are giving to their attorney(s),

and that

- the donor is not being put under pressure, being tricked, or being forced by someone else to make the LPA, or
- nothing else exists that would prevent the donor's LPA being created.

To establish the donor's capacity and understanding, here are some suggested topics to discuss:

- What is your understanding of what an LPA is?
- What are your reasons for making an LPA?
- Why have you chosen me to be your certificate provider?
- Who have you chosen to be your attorneys?
- Why them?
- What powers are you giving them?
- In what circumstances should the power be used by your attorneys?
- What types of decision would you like them to make, and what (if any) should they not take?
- If there are any restrictions in the LPA, what do you believe they achieve?
- What is the difference between any restrictions and any guidance made in the LPA?

Page 10 of 12 Lasting power of attorney for health and welfare

### 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 (2).

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 →

Helpline  
0300 456 0300  
[direct.gov.uk/mentalcapacity](https://direct.gov.uk/mentalcapacity)

Valid only with Office of the Public Guardian stamp

- Have the chosen attorneys provided you with answers to any of these questions?
- Do you have any reason to think they could be untrustworthy?
- Do you know when you could cancel the LPA?
- Are there any other reasons why the LPA should not be created?

It is advisable to keep a record of the questions and answers in case someone challenges the donor's capacity to make an LPA. You could be asked to explain to the Court of Protection how you formed your opinion.

If you have any concerns about the donor's understanding, or feel that they may be being put under pressure, do not sign. You can discuss your concerns with the OPG.

If you are forming your opinion as someone who has known the donor personally, personal knowledge of the donor could include:

- 'I have been a neighbour for 5 years, and I have frequently talked at length with the donor'
- 'We attend the same congregation at church every week'
- 'I am a close friend who meets the donor in the pub every fortnight. I've known him since 1932'.

If you are forming your opinion as someone with relevant professional skills, you should carefully consider whether you have the relevant professional skills to carry out the role.

You are asked to form your opinion at the point in time that the donor signs part A of their form. You will not subsequently be responsible if the donor loses their capacity.

Pages 10 and 11 completed examples

**Example:** certificate provider with personal knowledge of the donor

Page 10 of 12 Lasting power of attorney for health and welfare

### 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 certifi cate 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 certifi cate provider fills in this part  
 If no = the first certifi cate provider fills in this part and the second certifi cate 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 certifi cate 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 certifi cate 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:

*I've known the donor for 10 years and we attend the same church congregation every week.*

**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 →

Helpline  
0300 456 0300  
direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

Page 11 of 12 Lasting power of attorney for health and welfare

**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 certifi cate provider

Martha Jones

Date signed

26102009

**Name and address of the person who is signing this certificate**

Mr Mrs Ms Miss Other title

First names of certifi cate provider

MARTHA

Last name of certifi cate provider

JONES

Address and postcode of certifi cate provider

19 VICTORIA ROAD  
WREXHAM  
CLWYD

Postcode LL9 8LL

Helpline  
0300 456 0300  
direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

# Pages 10 and 11 completed examples

## Example: second certificate provider, a different person with relevant professional skills

Page 1 of 2 Lasting power of attorney

**B Continuation sheet B – declaration by your second certificate provider: certificate to confirm understanding**

Your second certificate provider signs and dates this continuation sheet

**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 (property and financial affairs section 8, or health and welfare 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 = you only need one certificate provider so you do not need to fill in this continuation sheet

If no = the second certificate provider must fill in this continuation sheet

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
- a director or employee of a trust corporation appointed as an attorney or replacement attorney in this lasting power of attorney (for property and financial affairs only).

**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:

*I have been the donor's GP for 5 years.*

Number each page individually and attach both continuation sheet B pages to the back of your lasting power of attorney after you sign and date the declaration in part A.

This is continuation sheet number  Total number of continuation sheets  Continues over →

Helpline 0300 456 0300 [direct.gov.uk/mentalcapacity](https://direct.gov.uk/mentalcapacity)

Valid only with Office of the Public Guardian stamp

Page 2 of 2 Lasting power of attorney

**B Continuation sheet B (continued) – declaration by your second certificate provider: certificate to confirm understanding**

**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

*Howard Selwyn*

Date signed

**Name and address of the person who is signing this certificate**

Mr Mrs Ms Miss Other title

First names of certificate provider

Last name of certificate provider

Address and postcode of certificate provider

Postcode

Number each page individually and attach both pages of continuation sheet B to the back of your lasting power of attorney after you sign and date the declaration in part A.

This is continuation sheet number  Total number of continuation sheets

Helpline 0300 456 0300 [direct.gov.uk/mentalcapacity](https://direct.gov.uk/mentalcapacity)

Valid only with Office of the Public Guardian stamp

Chapter 5  
How to make your lasting power of attorney –  
attorneys/part C

# Guidance for attorneys

## About page 12

In summary

After reading the completed Part A your Attorney reads part C and then signs and dates it. If you have more than one attorney then every attorney must read part C and then each must sign and date an individual copy of Part C.

A witness then signs.

### **To avoid rejection of your LPA when applying to register ...**

If the date on any attorney declaration is earlier than the date of your signature in part A or your certificate provider's in part B, your LPA will be rejected. It will also be rejected if there has been a significant delay between the completion of Part B and the completion of Part C. It is therefore advisable to complete Part C as soon as possible after completing Part B

Part C (and part B) must be kept with all the other pages of your LPA: without them your LPA cannot be registered.

### **Completion tips**

Make sure you have a copy of part C (page 1) for each of your chosen attorneys and replacement attorneys.

Make sure you use the correct Part C if you need to include additional copies. The Health and Welfare Part C is different to the Property and Financial Affairs Part C.

**(These copies do not count as continuation sheets to your LPA.)**

Make sure each attorney fills in their full name and makes it clear whether they are an attorney or replacement attorney.

Page 12 of 12 Lasting power of attorney for health and welfare

### 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.

**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.

**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

Signature of witness

Full name of witness

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

Postcode

Helpline 0300 456 0300 direct.gov.uk/mentalcapacity

Valid only with Office of the Public Guardian stamp

### The detail: being an attorney

Being an attorney is an important role. You need to fully understand what it involves before agreeing to take on the role – and you can refuse to do it if you feel uncomfortable about it. The donor should discuss their LPA with you.

Attorneys can not use the LPA and start making decisions until it has been registered and the donor lacks mental capacity. The donor or an attorney can apply to register the LPA any time after it has been made.

In completing part C you are declaring that you understand the role and the responsibilities associated with it.

### The detail: being a witness

The witness is someone who signs the LPA to confirm that they witnessed your attorney(s) signing and dating it. This is an important safety aspect of your LPA.

The same person could witness both your attorney(s) signature(s) (here), and your signature to part A (see page 28).

If you have two witnesses, one for part A and one for part C, each witness must see the relevant person sign and date that part of the form.

## About page 12 (continued)

### Additional guidance for attorneys

For key aspects of the role and responsibilities of an attorney or replacement attorney read the declaration in part C.

#### In addition:

The Mental Capacity Act 2005 and its Code of Practice set out other responsibilities of attorneys, including:

- a duty of care when making decisions on behalf of the donor
- to carry out instructions that the donor has made in their LPA
- a duty not to delegate the powers you have under the LPA unless the LPA says you can
- not to benefit yourself but to benefit the donor – meaning that you should avoid any potential conflicts of interest and not to profit or benefit personally from the position other than where specified within the LPA
- a duty of good faith – meaning that you should act with honesty and integrity
- keeping the donor's affairs confidential unless the donor has specified otherwise
- to comply with directions of the Court of Protection
- not to give up your role without discussing it with the donor if possible.

You should read/refer to the Mental Capacity Act Code of Practice (particularly when assessing the donor's capacity). It can be found at [direct.gov.uk/codeofpractice](https://www.direct.gov.uk/codeofpractice)

You may be accountable if you fail to carry out your duties properly.

Having a good understanding of the donor's past and recent wishes and decision-making will help you make decisions that are in their best interests. And any guidance the donor has to help you do this is included in section 7 of their LPA (see page 24 for further information on the donor's guidance). You should bear the donor's guidance in mind when making any decisions on their behalf.

Page 12 of 12 Lasting power of attorney for health and welfare

**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.

**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 certified 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.

**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

Signature of witness

Full name of witness

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

Postcode

Helpline  
0300 456 0300  
[direct.gov.uk/mentalcapacity](https://www.direct.gov.uk/mentalcapacity)

Valid only with Office of the Public Guardian stamp

The donor's instructions in section 4 of their LPA define whether you, as an attorney, make decisions

- jointly
- jointly and severally
- jointly for some decisions and jointly and severally for others.

See pages 18-19 for guidance on how the donor may want you to make decisions together with other attorneys.

If you are the only attorney you will be able to make all the decisions about the donor's health and welfare that they would have made themselves.

If the donor wants to restrict or limit the decisions you make, their instructions are given in section 6 of their LPA and you must follow them (see page 23 for guidance on restrictions and conditions).

You can only act when the donor lacks capacity To assess the donor's capacity consider whether the donor:

- has a general understanding of the decision that needs to be made
- has understanding of the consequences of the decision
- can weigh up information in order to make the decision themselves
- could make the decision themselves if you were to help them
- needs help communicating their decision or thinking.

You can claim reasonable expenses for transport costs, telephone calls, postage etc. that you incur whilst acting on behalf of the donor

Professional attorneys can charge fees. If you agree fees with the donor, they should record this in section 7 (see payment on page 24 for further information)

If you need to give up the role of attorney:

- before the LPA is registered, you should tell the donor formally using form LPA005
- if the LPA has been registered, you should give formal notice to the donor and the OPG (using form LPA005 available at [direct.gov.uk/mentalcapacity](https://www.direct.gov.uk/mentalcapacity)).

**Additional guidance for attorneys**

A health and welfare LPA does not allow you to make decisions about the donor's property and financial affairs. (A separate property and financial affairs LPA would allow an attorney to make such decisions.)

In making decisions with other attorneys, if you feel another attorney is not acting in accordance with their role and responsibilities you should

- firstly, raise your concern with the attorney then
- if you are not satisfied with the outcome, contact the OPG.

The same applies if your decision-making is disputed. Keep notes or records of discussions so that you can demonstrate why you made the decision, and

- firstly, raise your concern with the person(s) making the dispute, then
- if you are not satisfied with the outcome, contact the OPG.

Always bear in mind that the key objective at all times is the best interests of the donor

Even after registering the LPA, you should assume that the donor has capacity to make decisions themselves.

A person should not be treated as unable to make a decision just because they make a decision which, in your opinion, is unwise.

You should only be making decisions for the donor when they are incapable of making them themselves.

The donor may have a gradually degenerating condition, or may have capacity on one day but not on another. You should devise a strategy for dealing with this that allows you to

- assess their capacity from time to time, and
- support them in making as many decisions as possible for themselves, whilst allowing you to make everyday decisions. For example, decisions about social activities.

You might consider, for example,

- whether the donor has all the relevant information they need to make a decision?
- could the information be presented or explained in ways that would make it easier for them to understand (e.g. by using pictures, photographs, sign language)?
- are there times of the day when the donor is most lucid?
- could the support of a third party (e.g. a relative or friend) help the donor decide?

If the donor disagrees with your decision, and they have capacity, you must go with the donor's view. If they lack capacity you can make the decision, bearing in mind that donors can inform the OPG if they are unhappy about your decision-making (and the OPG can ask you to explain your decisions).

In deciding what is in the donor's best interests, bear in mind:

- their past and recent wishes
- any views the donor has expressed in the past
- their beliefs and values
- the views of family members, parents, carers, etc.
- the possibility that the donor could regain capacity
- any other factors that may be specific to a donor's circumstances
- any guidance in the LPA or other written statement.

There may be occasions when you need to obtain personal or confidential information about the donor from a doctor, consultant, or solicitor, for example. Provided you are acting within the powers of the LPA this is appropriate, but you must only ask for information that is strictly relevant and maintain confidentiality where at all possible.

Under a health and welfare LPA provided the donor has not placed restrictions you can make decisions about:

- Where the donor lives – but since this may impact on selling their house you should discuss the decision with the donor's property and financial affairs attorney(s) if they have a property and financial affairs LPA as well.
- Refusing consent to medical treatment.
- Deciding what sort of care would be most suitable.

You can only make decisions about life sustaining treatment if the donor has indicated that they want you to by signing Option A in section 5 of the LPA. In making such decisions you must not be motivated by a desire to bring about the person's death.

**You cannot make decisions about:**

- consenting to marriage or a civil partnership
- consenting to a decree of divorce (or civil partnership dissolution) based on two years' separation
- consenting to sex
- medical treatment for a mental disorder if the treatment is regulated by Part 4 of the Mental Health Act 1983.

# Page 12 completed examples

## Example: Part C signed, dated and witnessed

Page 12 of 12 Lasting power of attorney for health and welfare

### 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.

**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.

**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)**

*A sample*

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

Date signed or marked  
19<sup>th</sup> 20<sup>th</sup> 20<sup>th</sup> 20

Signature of witness  
C Smith

Full name of witness  
CHRISTOPHER JAMES SMITH

Address and postcode of witness to the attorney's or replacement attorney's signature  
24 SAMPLE STREET  
SAMPLE TOWN  
 Postcode O T S '3 XI

**Helpline**  
 0300 456 0300  
[direct.gov.uk/mentalcapacity](https://direct.gov.uk/mentalcapacity)

Valid only with Office of the Public Guardian stamp

## Chapter 6

### Frequently asked questions

# FAQs

## Frequently asked questions

### Donor's questions

#### What if my attorney dies?

*After registration:* if you have one attorney and no replacement attorneys your LPA becomes unusable. If you have a replacement, they take over

*Before registration:* if you have capacity you can make a new LPA and choose a new attorney. Contact the OPG to discuss your options.

#### Can a health and welfare attorney make decisions about selling my house?

No.

### Attorney's questions

#### Can I make decisions about the donor's property and financial affairs?

Decisions about the donor's property and finances can only be made by an attorney acting under a property and financial affairs LPA or by someone given the authority to do so by the Court of Protection.

If you are also appointed to perform any of these roles for the donor then you will be able to take those decisions within the limits of the powers given to you.

#### Can I stop being a health and welfare attorney?

Yes, you can stop acting as the attorney at any time. Before the LPA is registered you should formally notify the donor using form LPA005. If the LPA is registered you will need to complete form LPA005 Disclaiming Your Appointment and send this to the OPG and the donor. Contact the OPG immediately if you need to discuss this.

You should also inform any other attorneys appointed on the LPA.

#### Will anyone replace me and if so, who?

Possibly – if you decide to stop or cannot continue as attorney, a replacement attorney could act as a replacement if the donor has made arrangements for this in the LPA document.

*Please note:* The donor can appoint a replacement attorney either to act as a replacement for a specific attorney only or can appoint a replacement to replace whoever first stops acting.

#### What if I am one of the attorneys appointed to act jointly?

If one attorney can no longer act, the remaining attorney(s) cannot carry on and the LPA will end unless there is a replacement attorney. In this situation the replacement attorney will act alone.

#### What if I am an attorney appointed to act jointly and severally?

If you are appointed to act jointly and severally and the donor has not appointed a replacement attorney the LPA will continue providing there is at least one remaining attorney acting on behalf of the donor.

#### Can another attorney be added after the LPA has been registered?

No. If the donor has capacity to cancel the existing LPA he/she can do so and make a new one appointing a new attorney.

#### I am acting as a replacement attorney, should I let the OPG know?

Yes, if you are a replacement attorney you are required to advise the OPG that you are now acting as attorney. You must ensure that the LPA is returned to us to note the change on the LPA and to update the LPA register.

*Please note:* If the LPA does not have a note of the change the replacement attorney will not be able to act.

#### If the LPA is no longer valid can the donor make another?

Yes, but only if the donor still has the capacity to do so.

#### What happens when the donor dies?

The LPA will automatically come to an end. You should send the original LPA and a death certificate to the OPG as soon as possible. We cannot give advice on how to deal with the donor's estate.

## Frequently asked questions (continued)

### What if someone objects to me being appointed as an/the attorney?

The donor, the people to be told or other attorneys are able to object to the registration of an LPA.

Other persons (apart from people to be told and attorneys) can object to registration but they have to pay a court fee.

Objections by a person to be told or an attorney will have to be either:

**On factual grounds** – the OPG can be asked to stop the registration if:

- the donor is dead
- the attorney is dead
- there has been dissolution or annulment of a marriage or civil partnership between the donor and attorney (except if the LPA provided that such an event should not affect the instrument)
- the attorney(s) lack the capacity to be an attorney under the LPA, or
- the attorney(s) have disclaimed their appointment.

**On prescribed grounds** – objections to the Court of Protection against registration of the LPA can only be made on the following grounds:

- that the power is not valid as an LPA for example, the person objecting does not believe the donor had capacity to make an LPA
- that the power no longer exists – for example the donor revoked it at a time when he/she had capacity to do so
- that fraud or undue pressure was used to induce the donor to make the power, or
- the attorney proposes to behave in a way that would contravene his/her authority or would not be in the donor's best interests.

The OPG will require appropriate evidence to support any factual objection raised.

Objections by the donor do not need to be on any specific grounds.

If the OPG or the Court receive an objection to your application to register an LPA, they will contact you to advise what steps you need to take next.

### Certificate provider's questions

#### As a certificate provider can I discuss the LPA with the donor with the attorney present?

You should discuss the contents of the LPA with the donor – not in the presence of the chosen attorney(s) if at all possible – in order to form your opinion. Make sure the donor is able to communicate with you freely. However, there may be exceptional circumstances when this just may not be possible – a husband and wife meeting with their GP in the consulting room for example.

### Questions about registration

#### What happens if the LPA cannot be registered?

If the donor does not have the capacity to make another LPA, someone such as the attorney or other relevant person should consider applying to the Court for an order covering the decisions that need to be made on the donor's behalf.

#### Can the registered LPA be cancelled or revoked?

Yes, the OPG can cancel registration on factual grounds (such as death of an attorney) and the Court of Protection can terminate an LPA for other reasons (such as where the attorney is not carrying out his or her duties correctly). Alternatively, if the donor still has the capacity they can revoke the LPA. They will be required to advise their attorney(s) and the OPG of the revocation so that we can remove the LPA from the register.

#### What is the LPA register?

The LPA register is a searchable database containing the details of all registered LPAs. It is important to remember that once an LPA is registered, certain pieces of personal information will be available to **anyone who applies to search the register**.

### Why does the OPG have a register?

The Mental Capacity Act 2005 sets out the functions of the OPG. One of these is to establish and maintain a register of LPAs.

One of the purposes of the register is to allow those with an interest, such as healthcare professionals, to search the register to see whether an LPA has been registered by the OPG for a particular person.

### What information will be on the register?

The type of information made available from the register will depend on the type of search that someone applies for. There are two types of search: a first tier and a second tier search, with each providing different levels of information to the applicant.

The **first tier search** provides limited data about the donor and the LPA.

Anyone who has made a first tier search can undertake a **second tier search**. The applicant must explain in detail to the OPG why they require the information and show that the request is in the donor's best interests.

There is not a defined list of the information disclosed in a second tier search because it will be different in every case, depending on what is required and what is in the donor's best interests. Only information relating to the donor can be obtained through a second tier search.

### Who else should be notified of the application to register the LPA?

You must notify the people to be told listed in the LPA using form **LPA001**. Once you have decided to make an application to register, this should be the first thing you do.

### Once I have served notices, what do I do next?

Once you have served the last notice you will need to send us the original LPA form, the completed registration form **LPA002** and the appropriate fee.

## Frequently asked questions (continued)

### **Are two separate fees payable if I am registering both types of LPA at the same time?**

Yes, a separate application to register fee must be paid for each separate LPA registered.

### **What if the donor or attorney cannot afford the application to register fee(s)?**

The fee is normally paid from the donor's assets, however, if you cannot afford it you can ask us to waive payment. See the OPG's guidance on fees, exemptions and remissions for more information.

### **Where can I get information on applying for an order from the Court of Protection?**

Information on how to make an application to the Court is available from HM Courts & Tribunals Service website at [www.hmcourts-service.gov.uk/HMCSCourtFinder/FormFinder.do](http://www.hmcourts-service.gov.uk/HMCSCourtFinder/FormFinder.do) or you can call the court enquiry line on 0300 456 4600

### **Where do I get extra copies of the registered LPA?**

The Donor can make certified copies of the registered LPA if they still have capacity. This can be done by copying the registered document and writing the following text at the bottom of each page of the document:

'I certify that this is a true and complete copy of the corresponding page of the original LPA'.

If the Donor has lost capacity the attorney should be able to get a certified copy made by a solicitor. The process for creating a certified copy is the same as it is for the Donor as detailed above.

In exceptional cases, the OPG may be able to provide an office copy of the registered instrument for a fee.

### **What if the original LPA is missing?**

We will not usually accept an application to register without the original LPA form. However, we can register a 'certified copy'. You can certify copies yourself as soon as you have made the LPA, in case the original gets lost before registration. If you have not done this, a solicitor can certify a copy (for a fee) if they prepared the LPA and has a copy on file.

You will also need to send a written statement explaining how the original was lost. If only an uncertified photocopy is available, it cannot be registered without an order of the court.

### Checklist for sending your LPA for registration

- Have you filled in or crossed through all sections and boxes in part A of your LPA form?
- Has your certificate provider filled in (or crossed through) all the boxes on part B of your LPA form?
- Is your certificate provider aged 18 or over?
- If you have no people to be told, do you have two certificate providers?
- Have each of your attorneys filled in all the boxes in a copy of part C of your LPA form?
- Check that your people to be told do not include the people you have chosen as your attorney(s) or replacement attorney(s).
- Have you included parts A, B, and C of your LPA form, signed and dated in A, B, C, order?
- Have you signed, numbered and dated all part A continuation sheets to your LPA form?
- Have you filled in the 'Checklist' on the front of your LPA form?
- Have you sent to each of your people to be told, form LPA001 'Notice of intention to apply for registration'?
- Have you completed all parts of form LPA002 'Application to register a Lasting Power of Attorney'?
- Have you included in your envelope:
  - Parts A, B, and C of your LPA form
  - Your completed form LPA002
  - Your payment?

### Contact details

#### Office of the Public Guardian

PO Box 16185, Birmingham B2 2WH

**Telephone:** 0300 456 0300

(from outside the UK +44 300 456 0300)

**Fax:** 0870 739 5780

**Email:** [customerservices@publicguardian.gsi.gov.uk](mailto:customerservices@publicguardian.gsi.gov.uk)

**Online:** [direct.gov.uk/mentalcapacity](http://direct.gov.uk/mentalcapacity)

or [www.justice.gov.uk/about/opg.htm](http://www.justice.gov.uk/about/opg.htm)

**DX:** 744240 Birmingham 79

**Textphone:** 0115 934 2778