$\textbf{\textit{Status:}} \ \ \textit{This is the original version (as it was originally made)}.$

SCHEDULE 1

Regulation 5

Form for instrument intended to create a Lasting Power of Attorney
Part 1: Form for instrument intended to create a property and affairs Lasting Power of Attorney

LPA PA 10.07

Lasting Power of Attorney Property and Affairs

For official use only
Date of registration

This is a Lasting Power of Attorney (LPA). It allows you (the donor) to choose someone (the attorney) to make decisions on your behalf. Your attorney(s) can only use the completed LPA after it has been registered with the Office of the Public Guardian (OPG).

Getting started

Before you complete this LPA you **must** read the prescribed information on the next three pages so that you understand the purpose and legal consequences of making an LPA. You should refer to the separate notes on how to complete this LPA when you are directed to because they will help you to complete it.

Things you will need to do to complete this LPA

- decide who to appoint as your attorney(s) in the LPA
- decide if you want to appoint a replacement attorney in case your attorney(s) cannot act for you
- decide whether you want anyone to be notified when an application is made to register your LPA and, if you do, who you want to be notified
- choose at least one independent person to provide a certificate at Part B of the LPA
- fill in part A of the LPA. Your certificate provider(s) will need to complete Part B. Your attorney(s)
 will need to complete Part C
- have a witness to your signature at the end of Part A of the LPA

What to do after completing this LPA

An LPA can only be used after it has been registered with the OPG, so you will need to think about when you want it to be registered. There is a fee to register an LPA. Further information about how to register an LPA and what happens following registration is available from the OPG.

Information for you, your attorney(s) and your certificate provider(s) is available from the OPG. If you have any questions about how to complete this LPA please contact the OPG.

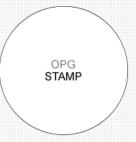
Office of the Public Guardian

Archway Tower

London N19 5SZ

0845 330 2900

www.publicguardian.gov.uk



Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

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Lasting Power of Attorney — Property and Affairs

You must read this information carefully to understand the purpose and legal consequences of making an LPA. You must ask your attorney(s) and certificate provider(s) to read it too.

This form is a legal document known as a Lasting Power of Attorney (LPA). It allows you to authorise someone (the attorney(s)) to make decisions on your behalf about spending your money and managing your property and affairs. Your attorney(s) can only use the LPA after it is registered with the OPG.

If you want someone to make decisions about your personal welfare then you need a different form. You can get a Lasting Power of Attorney — Personal Welfare from the OPG and legal stationers.

Detailed information about why you might find an LPA useful is in the 'Guide for people who want to make a Property and Affairs LPA'. You can get this from the OPG. You should read this guide before completing this LPA. You should ask your attorney(s) and certificate provider(s) to read it too.

Your attorney(s) cannot do whatever they like. They must follow the principles of the Mental Capacity Act 2005 which are:

- a person must be assumed to have capacity unless it is established that the person lacks capacity;
- a person is not to be treated as unable to make a decision unless all practicable steps to help the person to do so have been taken without success;
- a person is not to be treated as unable to make a decision merely because the person makes an unwise decision:
- an act done, or decision made, under the Mental Capacity Act for or on behalf of a person who lacks capacity must be done, or made, in the person's best interests; and
- before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Guidance about the principles is in the Mental Capacity Act 2005 Code of Practice. Your attorney(s) will have a duty to have regard to the Code. Copies of the Code can be obtained from Her Majesty's Stationary Office.

- CHOOSING YOUR ATTORNEY Your attorney should be a person you know and trust who is at least 18 or a trust corporation. Your attorney must not be an undischarged or interim bankrupt. You can choose more than one attorney.
- 2. CHOOSING MORE THAN ONE ATTORNEY If you choose more than one attorney you must decide whether your attorneys should act together or together and independently (that is they can all act together but they can also act separately if they wish). You may appoint your attorneys together in respect of some matters and together and independently in respect of others. If you appoint more than one attorney and do not state whether they are appointed together or together and independently, when your LPA is registered they will be treated on the basis that they are appointed together. In this LPA, 'together' means jointly and 'together and independently' means jointly and severally for the purposes of the Mental Capacity Act 2005.

- CHOOSING A REPLACEMENT ATTORNEY You can name a replacement(s) in case an
 attorney is unable to or no longer wishes to continue acting for you. Your attorney(s) can change
 their mind and may not want to act for you. If this is the case, they must tell you and the OPG.
- 4. WHEN AN ATTORNEY CAN ACT Once your LPA is registered your attorney(s) can act before you lack capacity and after you lack capacity. You may restrict your attorney(s) to act only when you lack capacity in your LPA. There is no one point at which you are treated as having lost capacity to manage your property and affairs. Your attorney(s) must help you to make as many of your own decisions as you can. When decisions have to be taken for you, your attorney(s) must always act in your best interests.
- 5. DECISIONS YOUR ATTORNEY CAN MAKE FOR YOU An attorney for property and affairs may make any decision that you could make about your property and affairs e.g. buy or sell property, manage investments or carry on a business and may access personal information. This is subject to the authority you give them and any decisions excluded by the Mental Capacity Act 2005. Some decisions will also involve personal welfare matters, such as a move to residential care. Your property and affairs attorney(s) will then need to consider your best interests with your attorney(s) for personal welfare (if you have one).
- 6. RESTRICTING THE POWERS OF YOUR ATTORNEY(S) OR ADDING CONDITIONS You can put legally binding restrictions and conditions on your attorney(s)' powers and the scope of their authority in the LPA. But these decisions may still need to be made and other people will have to decide for you. That could involve going to the Court of Protection and a decision being made in your best interests.
- GIVING GUIDANCE TO YOUR ATTORNEY You can also give guidance to your attorney(s) in your LPA. This is not legally binding but should be taken into account when they are making decisions for you.
- 8. PAYING ATTORNEYS An attorney is entitled to be reimbursed for out-of-pocket expenses incurred in carrying out their duties. Professional attorneys, such as solicitors or accountants, charge for their services. You should discuss and record any decision you make about paying your attorney(s) in the LPA.
- 9. NOTIFYING OTHER PEOPLE BEFORE REGISTRATION You can name up to five people to be notified when an application to register your LPA is made. Anyone about to apply for registration of an LPA must notify these people. This gives you an important safeguard because if you lack capacity at the time of registration you will be relying on these people to raise any concerns they may have about the application to register. If you choose not to name anyone to be notified you will need to have two certificate providers under Part B of this form.
- 10. CERTIFICATE TO CONFIRM UNDERSTANDING Once you have filled in Part A of this form an independent person must fill in the certificate at Part B to confirm that, in their opinion, you are making the LPA of your own free and will, that you understand its purpose and the powers you are giving your attorney(s). This is an important safeguard and your LPA cannot be registered unless the certificate is completed.

- 11. REGISTERING THE LPA Your LPA cannot be used until it has been registered with the OPG. Either you or your chosen attorney(s) can apply to register the LPA. If you register it immediately it can be used straightaway unless you have specified that it should only be used when you lack capacity. The form for registering the LPA is available from the OPG together with details of the registration fee.
- 12. REGISTER OF LPAs There is a register of LPAs kept by the OPG. It is possible to access the register of LPAs but access is controlled. On application to the OPG, and payment of a fee, people can find out basic information about your LPA. At the discretion of the OPG and according to the purpose for which they need it, they may be able to find out further information. There is additional guidance available from the OPG on the register.
- 13. CHANGING YOUR MIND You can cancel your LPA even after it is registered if you have the mental capacity to do so. You need to take formal steps to revoke the LPA. You must tell your attorney if you do and, if it is registered, you will need to ask the OPG to remove it from the register of LPAs.

FURTHER NOTICE FOR ATTORNEY(S)

You should read the 'Guide for people taking on the role of Property and Affairs attorney' under an LPA before you agree to become an attorney and complete Part C of this LPA. The guide contains detailed information about what your role and responsibilities will be.

You must contact the OPG at once if the person you are acting for dies. If you are unable to continue acting you should take steps to disclaim the power and notify the OPG and the donor.

FURTHER NOTICE FOR CERTIFICATE PROVIDER(S)

You should read the separate 'Certificate Providers and witness guidance' before you agree to become a certificate provider and complete Part B of this LPA. The guidance contains detailed information about your role and responsibilities. You may also like to read the guidance for property and affairs attorneys and donors. If you have any concerns about an LPA you are asked to certify please contact the OPG.

<mark>Important</mark> This LPA form ca	annot be used until it has been registered by the OPG and stamped or	every page.
Before you comp	lete this LPA form, you must read the prescribed information on pages uidance produced by the OPG.	
To help you comp	olete the form, please refer to the Notes for completing an LPA — Prop	perty and Affairs.
PART A – D	onor's statement	
Your details		
1. My name and	date of birth are:	See Note
	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other	_
First name		
Middle name(s)	
Last name		
Date of birth	D D M M Y Y Y Y	
Any other nar	nes you are known by or have been known by in the past name)	Sac Note
2. My contact det	ails and e-mail are:	See Note
Address		
	Postcode Postcode	
Telephone no		
Mahila na		
Mobile no.		

Mental Capacit	ollowing atte	orney(s) in a	ccordance v	with the provi	sions of the	See Not
	Attorney					
	Mr.	Mrs.	Ms.	Miss	Other _	Section
First name(s)						
Last name						
	Attorney Mr.	☐ Mrs.	☐ Ms.	☐ Miss	Other	
First name(s)						
Last name						
	Appointm	ent of a trust	corporation	n as attorney		See Nor
Company name						Note: (You do not have to appoint a trust corporation as one of your attorneys)
						as one of your attorneys)

do not change an antion your atternave will be appointed together)	
do not choose an option your attorneys will be appointed together)	
☐ together	See Note
together and independently	
together in respect of some matters and together and independently in respect of others	
	together and independently together in respect of some matters and together and independently in

Note
NGV2
Note
Nefe

ou can use this section to specify that your LPA is only to be used when you lack capac becify this, you should specify anything you want the attorney(s) to do to confirm that you ake the decision in question.	ity. If you decide to ou lack capacity to
ou may also use this section to place restrictions on the ability of your attorney(s) to use fairs to make gifts. Any restrictions and/or conditions you set out below must be followed	your property and ed by the attorney(s).
I wish to place restrictions and/or conditions on my attorney(s) in relation to my property and affairs:	(III) ISse Note
☐ Yes ☐ No	
If Yes, the restrictions and conditions are as follows:	

	r attorney(s) should consider the guidance set out below when making decisions in your best interests.
7. I	wish my attorney(s) to consider the following guidance:
L	
L	have agreed to hav my attorney(s) a fee to act as my attorney(s):
3. 1	nave agreed to pay my attorney(s) a fee to act as my attorney(s):
	☐Yes ☐ No
	☐Yes ☐ No

in the following p	people, the	named perso	ons', to be no	otified when a	n application	n to register	my LPA is ma
	☐ Mr.	Mrs.	Ms.	Miss	Other		
Full name]
]
Address							
]
			Postco	de			J
Telephone no).						
E-mail addres	ss]
							J
	☐ Mr.	Mrs.	Ms.	☐ Miss	Other		
Full name]
							J 1
Address							
]
			Postco	de]
Telephone no).						
E-mail addres	:e						1
E-mail address							J
	☐ Mr.	Mrs.	☐ Ms.	Miss	Other		
	IVII.	IVIIS.	IVIS.	IVIISS	Oulei		- 1
Full name							J
Address							
			Postco	de			
Telephone no	.						-
relephone ne							,
E-mail addres	ss						

Status: This is the original version (as it was originally made).

Full nam	e
Address	
	Postcode
Telephor	ie no.
E-mail ad	ddress
	☐ Mr. ☐ Ms. ☐ Miss ☐ Other
Full nam	е
Address	
	Postcode Postcode
Telephor	ie no.
E-mail ad	Idress
lf v	ou do not include anyone here you must have two certificate providers at Part B.
'' y'	od do not include anyone here you must have two certificate providers at Part B.

Status: This is the original version (as it was originally made).

		See Note
	I have read the prescribed information on pages 2, 3 are	nd 4 of this LPA.
	or	
	The prescribed information has been read to me by	
11. I confirm that	I intend to give my attorney(s) authority to make decision behalf, including in circumstances when I lack capacity restrictions I have made.	
12. I confirm that		
	the persons named in paragraph 9 are to be notified what to register this LPA is made	en an application
	or	
	I do not want anyone to be notified when an application made and I understand that I need two people to provide certificate each at Part B of this LPA.	
13. I confirm that		
	I have chosen my certificate provider(s) myself.	Sob Note
14. Signed by me		See Note
as a deed		If you are unable to sign
		the form, please refer to the
15. Date signed (delivered as	D D M M Y Y Y Y	notes for completion and turn to page 14 of this LPA.
a deed)		
	e of	
a deed)	e of	[See Note
a deed)	e of	
a deed) In the presence 16. Signature of	e of	
a deed) In the presence 16. Signature of witness 17. Full name	e of	
a deed) In the presence 16. Signature of witness	e of	
in the presence 16. Signature of witness 17. Full name of witness	e of	
a deed) In the presence 16. Signature of witness 17. Full name	e of	
in the presence 16. Signature of witness 17. Full name of witness 18. Address of	e of	
in the presence 16. Signature of witness 17. Full name of witness 18. Address of	e of	
in the presence 16. Signature of witness 17. Full name of witness 18. Address of	Postcode	
in the presence 16. Signature of witness 17. Full name of witness 18. Address of		
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in the presence 16. Signature of witness 17. Full name of witness 18. Address of		
in the presence 16. Signature of witness 17. Full name of witness 18. Address of		See Note

I am signing this	LPA at the donor's direction and in the donor's presence:	Ses Note 2
19. Signed as a deed		
20. Date signed (delivered as a deed)	D D M M Y Y Y	
21. Full name		
22. Address		
	Postcode Postcode	
In the presence	of	
23. Signature of witness		Seekder
24. Full name of witness		
25. Address of witness		
	Postcode	
26. Signature of witness		
27. Full name of witness		
28. Address of witness		
	Postcode	

		See Note
on pages 2, 3 and guidance' produc	e provider, must read Part A and B of this LPA, and the prescribed informatid 4. You should also read the separate 'Certificate provider and witness ced by the OPG before completing the certificate. You must discuss the LPA thout the attorney(s) present.	
I confirm that I the person(s) a	am acting independently of the person making this LPA (the donor) and appointed under the LPA and in particular I am not a person listed in the "Who cannot provide a certificate?".	See Note
above section	Who cannot provide a certificate?	
☐ I am aged 18 c	or over.	See Note:
I am aged 18 c The certificate Name and con	or over.	Soc Note
I am aged 18 c The certificate Name and con First name	provider tact details of certificate provider Mr. Mrs. Ms. Miss Other	Soc Note
I am aged 18 of The certificate Name and confirst name Middle name(s	provider tact details of certificate provider Mr. Mrs. Ms. Miss Other	See Note
I am aged 18 c The certificate Name and con First name	provider tact details of certificate provider Mr. Mrs. Ms. Miss Other	See Note
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I am aged 18 c The certificate Name and con First name Middle name(s	provider tact details of certificate provider Mr. Mrs. Ms. Miss Other	Soc Note
I am aged 18 c The certificate Name and con First name Middle name(s	provider tact details of certificate provider Mr. Mrs. Ms. Miss Other Postcode Postcode	See Note
I am aged 18 of The certificate Name and con First name Middle name(s) Last name Address	provider tact details of certificate provider Mr. Mrs. Ms. Miss Other Postcode Postcode	See Note

		Nami taunamanana
I have known the donor personally over the la	ast two years.	
How do you know them?		
ategory B - Skills certification		Seance
am:		
a registered healthcare professional (includes GP)	a barrister, solicitor or advocate	
a registered social worker	an Independent Mental Capacity	Advocate (IMCA)
none of the above but consider that I have certificate provider.	the relevant professional skills and experti	se to be a
My relevant professional skills and experti	se are:	
I confirm that I have read Parts A and B of thi	s LPA, and the prescribed information	Gee Note
I confirm that I have read Parts A and B of thi on pages 2, 3 and 4.		See Note
I confirm that I have read Parts A and B of thi on pages 2, 3 and 4. I confirm that I have discussed the contents of attorney(s) was not present.	of this LPA with the donor and that the	See Note See Note
I confirm that I have read Parts A and B of thi on pages 2, 3 and 4. I confirm that I have discussed the contents of attorney(s) was not present. I understand that I should make efforts to disc	of this LPA with the donor and that the	See Note See Note
I confirm that I have read Parts A and B of thi on pages 2, 3 and 4. I confirm that I have discussed the contents of attorney(s) was not present. I understand that I should make efforts to discussion present; and	of this LPA with the donor and that the	See Note
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certify								
I certify that in my opinion, at the time when the o	donor is ma	aking thi	is LP	A, tha	at:			
the donor understands the purpose of this	LPA and th	e scope	e of th	ne au	thority	under it	t;	
no fraud or undue pressure is being used to	o induce th	ne donor	r to c	reate	this LF	PA; and		
there is nothing else that would prevent this LPA being created.								
Utilete is nottling else that would prevent this EPA being created.								
Do not sign this certificate if you have any doubt at have to the attention of the OPG.	oout any of	the abo	ove. Y	ou s	hould b	oring any	y concerr	ns you
Signature of certificate provider	Date	signed						terin over
	П	D M	м	Υ	YY	Υ		
Full name of certificate provider								
80 L								
asting Power of Attorney — Property and Affairs								17

									See Note
ou, the certificate p									
nd 4. You should all efore completing th									
I confirm that I am appointed under t	he LPA and								
provide a certifica									
_ramaged to or o	VGI.								
he certificate pro	ovider								
he certificate pro		artificata arr	ovidor						
he certificate pro		ertificate pro	ovider		Miss [¬ o	ther		
Name and contac	t details of c			n	Miss [<u></u> 0	ther _		
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Name and contact First name Middle name(s) Last name Address Telephone no.	t details of c	Mrs.			Miss [tther _		

ategory A – Knowledge certification	
I have known the donor personally over the la	ast two years.
How do you know them?	
Category B - Skills certification	
am:	
a registered healthcare professional (includes GP)	a barrister, solicitor or advocate
a registered social worker	an Independent Mental Capacity Advocate (IMCA)
none of the above but consider that I have certificate provider.	e the relevant professional skills and expertise to be a
My relevant professional skills and experti	
	se are:
confirm and understand ☐I confirm that I have read Parts A and B of thi	s LPA, and the prescribed information on pages 2, 3 and 4.
confirm and understand I confirm that I have read Parts A and B of thi I confirm that I have discussed the contents of was not present.	s LPA, and the prescribed information on pages 2, 3 and 4. of this LPA with the donor and that the attorney(s)
confirm and understand I confirm that I have read Parts A and B of thi I confirm that I have discussed the contents of was not present. I understand that I should make efforts to discussed.	s LPA, and the prescribed information on pages 2, 3 and 4. of this LPA with the donor and that the attorney(s) cuss this LPA with the donor without anyone present; and
confirm and understand I confirm that I have read Parts A and B of thi I confirm that I have discussed the contents of was not present.	s LPA, and the prescribed information on pages 2, 3 and 4. of this LPA with the donor and that the attorney(s) cuss this LPA with the donor without anyone present; and
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confirm and understand I confirm that I have read Parts A and B of thi I confirm that I have discussed the contents of was not present. I understand that I should make efforts to discussed this LPA with the done or I have discussed this LPA with the done or because	s LPA, and the prescribed information on pages 2, 3 and 4. of this LPA with the donor and that the attorney(s) cuss this LPA with the donor without anyone present; and or without anyone else present

certify	
I certify that in my opinion, at the time when the	e donor is making this LPA, that:
	s LPA and the scope of the authority under it;
	to induce the donor to create this LPA; and
there is nothing else that would prevent the	
Do not sign this certificate if you have any doubt a have to the attention of the OPG.	about any of the above. You should bring any concerns you
Signature of additional certificate provider	Date signed
	D D M M Y Y Y Y
Full name of additional certificate provider	

	ails and	d date	of bir	th are) :					
	Attorne	ey								
	☐ Mr.		_ м	rs.		۸s.	Miss	Oth	er	Sec Note:
First name										
Middle name(s)									
Last name										
Date of birth	DD	М	М	YY	Υ	Υ				
Telephone no.							Mobile			
relephone no.							IVIODILE			
E-mail address										See Note
			ed inf	ormat	ion or	n pages	2, 3 and 4 or	have h	nad the prescibed	Sec Mate
information	read to	me.								
	a (r a					41.7			Constant Contract of the	
									Attorney including Capacity Act 2005	520 Note:
the obligation	on to ac	ct in ac	cord	ance	with t	ne princi		ental (Capacity Act 2005	See Note:
the obligation and the dut	on to ac y to ha	t in ac	ccord ard to	ance the (with to Code	ne princi of Practi	ples of the M ce issued un	ental (Capacity Act 2005	See Note:
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29. My contact det	ails and date of birth are:	
	Attorney	
	Mr. Mrs. Ms. Miss Other	See Note
First name		
i iist name		
Middle name(s		
	1	
Last name		
Date of birth	D D M M Y Y Y Y	
Telephone no.	Mobile	
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E-mail address		
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(This section only	needs to be o	completed whe	re the dor	nor has o	chosen a	trust c	orporation to	be an attorney)
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Address								
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Company Re	gistration no.							
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	by a replacement attorney if appointed. C ney chosen at paragraph 5.)	Only complete this if you are a	
52. My contact de	tails and date of birth are:		
	Attorney		
	☐ Mr. ☐ Mrs. ☐ Ms.	Miss Other	See Note 5
First name			
Middle name(5)		
Last name			
Lactranic			
Date of birth	D D M M Y Y Y		
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	See Note:
Postcode Postcode	
Important - This form cannot be used until it has been registered by the Office of the Public Guardian and stamped on every page.	,
and stamped on order page.	
	Postcode Postcode

Part 2: Form for instrument intended to create a personal welfare Lasting Power of Attorney

LPA PW 10.07

Lasting Power of Attorney Personal Welfare

This is a Lasting Power of Attorney (LPA). It allows you (the donor) to choose someone (the attorney) to make decisions on your behalf where you lack capacity to make those decisions yourself. Your attorney(s) can only use the completed LPA after it has been registered with the Office of the Public Guardian (OPG).

Getting started

Before you complete this LPA you **must** read the prescribed information on the next three pages so that you understand the purpose and legal consequences of making an LPA. You should refer to the separate notes on how to complete this LPA when you are directed to because they will help you to complete it.

Things you will need to do to complete this LPA

- decide who to appoint as your attorney(s) in the LPA
- decide if you want to appoint a replacement attorney in case your attorney(s) cannot act for you
- decide whether you want anyone to be notified when an application is made to register your LPA and, if you do, who you want to be notified
- choose at least one independent person to provide a certificate at Part B of the LPA
- fill in part A of the LPA. Your certificate provider(s) will need to complete Part B. Your attorney(s)
 will need to complete Part C
- have a witness to your signature at the end of Part A of the LPA

What to do after completing this LPA

An LPA can only be used after it has been registered with the OPG, so you will need to think about when you want it to be registered. There is a fee to register an LPA. Further information about how to register an LPA and what happens following registration is available from the OPG.

Information for you, your attorney(s) and your certificate provider(s) is available from the OPG. If you have any questions about how to complete this LPA please contact the OPG.

Office of the Public Guardian Archway Tower London N19 5SZ 0845 330 2900

OPG STAMP

www.publicguardian.gov.uk

Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

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You must read this information carefully to understand the purpose and legal consequences of making an LPA. You must ask your attorney(s) and certificate provider(s) to read it too.

This form is a legal document known as a Lasting Power of Attorney (LPA). It allows you to authorise someone (the attorney(s)) to make decisions on your behalf about your personal welfare including your healthcare, if you lack capacity to make those decisions. Your attorney(s) can only use the LPA after it is registered with the OPG.

If you want someone to make decisions about your property and affairs then you need a different form. You can get a Lasting Power of Attorney — Property and Affairs from the OPG and legal stationers

Detailed information about why you might find an LPA useful is in the 'Guide for people who want to make a personal welfare LPA'. You can get this from the OPG. You should read this guide before completing this LPA. You should ask your attorney(s) and certificate provider(s) to read it too.

Your attorney(s) cannot do whatever they like. They **must** follow the principles of the Mental Capacity Act 2005 which are:

- a person must be assumed to have capacity unless it is established that the person lacks capacity;
- a person is not to be treated as unable to make a decision unless all practicable steps to help the person to do so have been taken without success;
- a person is not to be treated as unable to make a decision merely because the person makes an unwise decision:
- an act done, or decision made, under the Mental Capacity Act for or on behalf of a person who lacks capacity must be done, or made, in the person's best interests; and
- before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Guidance about the principles is in the Mental Capacity Act 2005 Code of Practice. Your attorney(s) will have a duty to have regard to the Code. Copies of the Code can be obtained from Her Majesty's Stationary Office.

- CHOOSING YOUR ATTORNEY Your attorney should be a person you know and trust who is at least 18. You can choose more than one attorney.
- CHOOSING MORE THAN ONE ATTORNEY If you choose more than one attorney you must decide whether your attorneys should act together or together and independently (that is they can all act together but they can also act separately if they wish).

You may appoint your attorneys together in respect of some matters and together and independently in respect of others. If you appoint more than one attorney and do not state whether they are appointed together or together and independently, when your LPA is registered they will be treated on the basis that they are appointed together. In this LPA form, 'together' means jointly and 'together and independently' means jointly and severally for the purposes of the Mental Capacity Act 2005.

Please do not detach these notes. They are part of the Lasting Power of Attorney.

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- CHOOSING A REPLACEMENT ATTORNEY You can name a replacement(s) in case an
 attorney is unable to or no longer wishes to continue acting for you. Your attorney(s) can change
 their mind and may not want to act for you. If this is the case, they must tell you and the OPG.
- 4. WHEN AN ATTORNEY CAN ACT An attorney for personal welfare can only act when you lack the capacity to make a particular decision yourself. There is no one point at which you are treated as having lost capacity to make decisions about your personal welfare. You may have capacity to make some decisions but not others; for example, you may be able to decide what to wear but not to consent to an operation. Your attorney(s) must help you to make as many of your own decisions as you can. When decisions have to be taken for you, your attorney(s) must always act in your best interests.
- 5. DECISIONS YOUR ATTORNEY CAN MAKE FOR YOU An attorney for personal welfare may make any decision that you could make about your welfare e.g. where you live and with whom, accessing your personal information like medical records, deciding what you wear, what you eat and how you spend your day. This is subject to the authority you give them and any decisions excluded by the Mental Capacity Act 2005. They will also be able to give and refuse consent to medical treatment according to your best interests. Your attorney(s) will only be able to make these decisions where you lack capacity to make them yourself. Some decisions will also involve property and affairs, such as a move to residential care. Your personal welfare attorney(s) will then need to consider your best interests with your attorney(s) for property and affairs (if you have one).
- 6. LIFE-SUSTAINING TREATMENT Your attorney(s) cannot make decisions about life-sustaining treatment for you unless you expressly state that in your LPA. Life-sustaining treatment means any treatment that a doctor considers necessary to sustain your life. Life-sustaining treatment is not a category of treatment. Whether or not a treatment is life-sustaining will depend on the circumstances of a particular situation. Some treatments will be life-sustaining in some situations but not in others; the important factor is if the treatment is needed to keep you alive. In the LPA you must specify whether you are giving your attorney(s) this power.
- 7. If you do not say that your attorney(s) can make decisions about life-sustaining treatment, the doctor in charge of your treatment will make the decision in your best interests. Where practicable and appropriate, your doctor will take into account the views of your attorney(s) and other people interested in your welfare as part of the best interests assessment. This is what happens in all cases where there is nobody authorised to take decisions on your behalf. However, if you have a separate valid and applicable advance decision, that should be followed by the doctor.
- 8. RESTRICTING THE POWERS OF YOUR ATTORNEY(S) OR ADDING CONDITIONS You can put legally binding restrictions and conditions on your attorney(s)' powers and the scope of their authority in the LPA. But these decisions may still need to be made and other people will have to decide for you. That could involve going back to your doctor or care worker or the Court of Protection and a decision being made in your best interests.
- GIVING GUIDANCE TO YOUR ATTORNEY You can also give guidance to your attorney(s) in your LPA. This is not legally binding but should be taken into account when they are making decisions for you.

- 10. PAYING ATTORNEYS An attorney is entitled to be reimbursed for out-of-pocket expenses incurred in carrying out their duties. Professional attorneys, such as solicitors or accountants, charge for their services. You should discuss and record any decision you make about paying your attorney(s) in the LPA.
- 11. NOTIFYING OTHER PEOPLE BEFORE REGISTRATION You can name up to five people to be notified when an application to register your LPA is made. Anyone about to apply for registration of an LPA must notify these people. This gives you an important safeguard because if you lack capacity at the time of registration you will be relying on these people to raise any concerns they may have about the application to register. If you choose not to name anyone to be notified you will need to have two certificate providers under Part B of this form.
- 12. CERTIFICATE TO CONFIRM UNDERSTANDING Once you have filled in Part A of this form an independent person must fill in the certificate at Part B to confirm that, in their opinion, you are making the LPA of your own free will, and that you understand its purpose and the powers you are giving your attorney(s). This is an important safeguard and your LPA cannot be registered unless the certificate is completed.
- 13. REGISTERING THE LPA Your LPA cannot be used until it has been registered with the OPG. Either you or your chosen attorney(s) can apply to register the LPA. If you register it immediately it is ready to be used when you lack capacity. The form for registering the LPA is available from the OPG together with details of the registration fee.
- 14. REGISTER OF LPAs There is a register of LPAs kept by the OPG. It is possible to access the register of LPAs but access is controlled. On application to the OPG, and payment of a fee, people can find out basic information about your LPA. At the discretion of the OPG and according to the purpose for which they need it, they may be able to find out further information. There is additional guidance available from the OPG on the register.
- 15. CHANGING YOUR MIND You can cancel your LPA even after it is registered if you have the mental capacity to do so. You need to take formal steps to revoke the LPA. You must tell your attorney if you do and, if it is registered, you will need to ask the OPG to remove it from the register of LPAs.

FURTHER NOTICE FOR ATTORNEY(S)

You should read the 'Guide for people taking on the role of Personal Welfare attorney' under an LPA before you agree to become an attorney and complete Part C of this LPA. The guide contains detailed information about what your role and responsibilities will be.

You must contact the OPG at once if the person you are acting for dies. If you are unable to continue acting you should take steps to disclaim the power and notify the OPG and the donor.

FURTHER NOTICE FOR CERTIFICATE PROVIDER(S)

You should read the separate 'Certificate Providers and witness guidance' before you agree to become a certificate provider and complete Part B of this LPA. The guidance contains detailed information about your role and responsibilities. You may also like to read the guidance for personal welfare attorneys and donors. If you have any concerns about an LPA you are asked to certify please contact the OPG.

Please do not detach these notes. They are part of the Lasting Power of Attorney.

4

Important This LPA form cannot be used until it has been registered by the OPG and stan	nped on every page.
Before you complete this LPA form, you must read the prescribed information or should read the guidance produced by the OPG.	n pages 2, 3 and 4 and you
To help you complete the form, please refer to the Notes for completing an LPA	– Personal Welfare.
PART A – Donor's statement	
Your details	
1. My name and date of birth are:	See Note
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other _	
First name	
Middle name(s)	
middle riding(e)	
Last name	
Date of birth D D M M Y Y Y Y	
Any other names you are known by or have been known by in the past (e.g. maiden name)	See Note
2. My contact details are:	See Note
Address	
Postcode Postcode	
Telephone no.	
Mobile no.	
E-mail address	

First name(s) Last name Attorney Mr. Mrs. Ms. Miss Other First name(s) Last name How your attorney(s) is to act for you If you only have one attorney please cross through this part. 4. If you are appointing more than one attorney, how do you wish them to act? (If you do not choose an option your attorneys will be appointed together)	3. I appoint the fo Mental Capacit			ccordance v	with the provi	sions of the		See Note
Attorney Attorney Mr. Mrs. Ms. Miss Other First name(s) Last name How your attorney(s) is to act for you If you only have one attorney please cross through this part. 4. If you are appointing more than one attorney, how do you wish them to act? (If you do not choose an option your attorneys will be appointed together) together together and independently together in respect of some matters and together and independently in respect of others. If together in respect of some matters and together and independently in respect of others,		31300000000003335000	Mrs.	☐ Ms.	☐ Miss	Other		See Note
Attorney Mr. Mrs. Ms. Miss Other First name(s) Last name How your attorney(s) is to act for you f you only have one attorney please cross through this part. If you are appointing more than one attorney, how do you wish them to act? (If you do not choose an option your attorneys will be appointed together) together together and independently together in respect of some matters and together and independently in respect of others. If together in respect of some matters and together and independently in respect of others,	First name(s)		\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	23555822225558]	
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Last name How your attorney(s) is to act for you f you only have one attorney please cross through this part. If you are appointing more than one attorney, how do you wish them to act? (If you do not choose an option your attorneys will be appointed together)			☐ Mrs.	☐ Ms.	Miss	Other		
How your attorney(s) is to act for you f you only have one attorney please cross through this part. 4. If you are appointing more than one attorney, how do you wish them to act? (If you do not choose an option your attorneys will be appointed together)	First name(s)	300000000000000000000000000000000000000	CC (1120 PH CC (1220 PH CC) PH CC			# 20 D D D C C C H # 20 D D D C C C		
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Yes If Yes, I appoint		ney). See Note 8
If Yes, I appoint	□No	
-	the following replacement attorney:	
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First name(s)		
Last name		
Restrictions on t	ne appointment of a replacement attorney: (If you do not complete this replacement will replace the first attorney who needs replacing).	See Note 1
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6. You must choose on	e of the two options below:	If you cannot sign or make a mark, please read the notes for completion.	See Note 11
Option A			
		efuse consent to life-sustaining	
Your signature	H 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RESSERVED SSS REPROSS REPROSS REPROSS REPROSS REPROSS REPROSE	
Date signed	D D M M Y Y	YY	
Option B			
I do not want to give treatment on my beh	e my attorney(s) authority to g nalf	give or refuse consent to life-sustaining	
Your signature			
Date signed			
Date signed	D D M M Y Y	Y Y	
Date signed	D D M M Y Y	Y Y	
In the presence of	D D M M Y Y	Y Y	See Note 12
	D D M M Y Y	Y Y	See Note 12
In the presence of Signature of	D D M M Y Y	Y Y	See Note 12
In the presence of Signature of witness Full name			See Note 12
In the presence of Signature of witness Full name of witness Address of	Postcode		See Note 12
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In the presence of Signature of witness Full name of witness Address of			See Note 12
In the presence of Signature of witness Full name of witness Address of			See Note 12
In the presence of Signature of witness Full name of witness Address of			See Note 12

7. I wish to place restrictions and/or conditions on my attorney(s) in relation to my	
personal welfare:	See Note
☐Yes ☐No	
If Yes, the restrictions and conditions are as follows:	

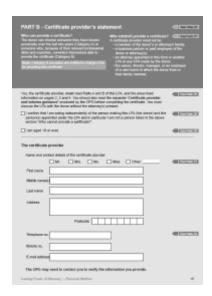
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5,	wish my attorney(s) to consider the following guidance:	
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9. 1		e Note
	I have agreed to pay my attorney(s) a fee to act as my attorney(s): Yes No If Yes, the following is additional information about fees that I have agreed with my attorney(s):	e Note
	☐Yes ☐No	ee Note
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	☐Yes ☐No	ee Note
	☐Yes ☐No	ee Note
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11. I confirm that	☐ I have read the prescribed information on pages 2, 3 and or	d 4 of this LPA
	the prescribed information has been read to me by	
12. I confirm that	☐ I give my attorney(s) authority to make decisions on my circumstances when I lack capacity.	behalf in See Note
13. I confirm that	☐ I have chosen between Option A and option B with regar treatment in paragraph 6 of this LPA.	rd to life-sustaining See Note
14. I confirm that	the person(s) named in paragraph 10 are to be notified wor	See Note when this LPA is registered
	I do not want anyone to be notified when an application and I understand that I need two people to provide a seperat B of this LPA.	E H. N.
15. I confirm that	I have chosen my certificate provider(s) myself.	See Note
16. Signed by me as a deed		See Note
17. Date signed (delivered as a deed)	D D M M Y Y Y Y	the form, please refer to the notes for completion and turn to page 14 of this LPA.
In the presence	of	
18. Signature of witness		See Note
19. Full name of witness		TTA POOL S SEE POOL S
20. Address of witness		
	Postcode]
	Important - This form cannot be used until it has been by the Office of the Public Guardian and stamped on e	000000000000000000000000000000000000000

I am signing this that I have signe	LPA at the donor's direction dat paragraph 6 according	and in the donor to the donor's dir	s presence a ection.	and I confirm See Note
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	Postcode			
28. Signature of witness				
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Category A – Knowledge certification		See Note 3
I have known the donor personally over the l	last two years.	
How do you know them?		
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Category B - Skills certification		See Note 3
I am:		
a registered healthcare professional (includes GP)	a barrister, solicitor or advocate	
a registered social worker	an Independent Mental Capacity	Advocate (IMCA)
none of the above but consider that I hav certificate provider.	e the relevant professional skills and experti	se to be a
My relevant professional skills and expert	tico ara	
I confirm and understand ☐ I confirm that I have read Parts A and B of th	nis LPA and the prescribed	See Note 3
	nis LPA and the prescribed	See Note 3
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 I confirm that I have read Parts A and B of the information on pages 2, 3 and 4. I confirm that I have discussed the contents 	of this LPA with the donor and that the	See Note 3
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certify	See Note
I certify that in my opinion, at the time wh	hen the donor is making this LPA, that:
	e of this LPA and the scope of the authority under it;
	ng used to induce the donor to create this LPA; and
there is nothing else that would pre	event this LPA being created.
Do not sign this certificate if you have any have to the attention of the OPG.	doubt about any of the above. You should bring any concerns you
Signature of certificate provider	Date signed See Note
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Full name of certificate provider	
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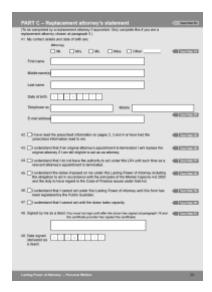


ategory A – Knowledge certification I have known the donor personally over the k	ast two years.
How do you know them?	
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ategory B - Skills certification	
am:	
a registered healthcare professional (includes GP)	a barrister, solicitor or advocate
a registered social worker	an Independent Mental Capacity Advocate (IMCA)
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My relevant professional skills and expert	ise are:
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	Attorney	
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In the presence	of						See Note 6
50. Signature of witness	HINDO CON HID			CCCASSOCC			
51. Full name of witness			30000001333000 30000001333000		H		
52. Address of witness							
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