



ENDURING POWER OF ATTORNEY FOR PERSONAL CARE AND WELFARE
DATAFORM INFORMATION

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

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

NONE / OR LIST HERE:

CONSULTATION

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

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

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



PROVIDING INFORMATION

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

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

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



FURTHER EXPLANATION OF ENDURING POWER OF ATTORNEY
