

Advance Personal Plan

EXPLANATORY NOTES

Completing an Advance Personal Plan should help you to engage in a discussion with your loved ones about your values and wishes. It will help to provide evidence of these wishes. If difficult decisions need to be made about your care or finances in circumstances where you cannot make these decisions for yourself.

This form has five sections. Sections A and E must be completed in order for the form to be valid. One or all of sections B, C and D can be completed, depending on what you want.

1. [Section A](#) - Your details
2. [Section B](#) - Advance Care Statements about your views, wishes and beliefs as to how you want to be treated in relation to any future health, financial or lifestyle matter.
3. [Section C](#) - Legally binding Advance Consent Decision about your future health care.
4. [Section D](#) - Appoint decision maker(s) to make decisions on your behalf about any matter relevant to your health, financial or lifestyle matters.
5. [Section E](#) - Signing clause

SECTION A: PERSONAL DETAILS

THIS IS A COMPULSORY SECTION

TO MY FAMILY, FRIENDS AND HEALTH-CARE PROVIDERS

I, _____

(Print your full name here)

of _____

(Print here the number of your house, name of your street and suburb)

State: _____ Postcode: _____

(Print here the name of the State where you live)

Born: _____

(Print here the date of your birth)

being over the age of eighteen years, who has decision-making capacity and who does not have a guardian appointed under the *Guardianship of Adults Act*, make this Advance Personal Plan after careful consideration, voluntarily and without coercion or other undue influence.

If at any time I am unable to take part in decisions about my care or welfare (including health care) or property or financial affairs, let this document stand as evidence of my health decisions, my views, wishes and beliefs and/or who I nominate as my decision maker(s).

I request that all who are responsible for my care respect the decisions and directions given in this document.

Note: Please seek the assistance of an interpreter if you have trouble understanding the contents and requirements of this form.

SECTION B: ADVANCE CARE STATEMENT

THIS IS NOT A COMPULSORY SECTION

An Advance Care Statement is a statement of your views, wishes and beliefs about how you would like your appointed decision maker(s), health professionals and any other person providing care for you to act.

It is recommended that you discuss this section with your decision maker(s), family or doctor as it is important that anything you write should be readily understood by the people who are supporting and treating you.

1. What gives your life meaning? What do you value most in life? For example, independence, being on country/at home, being able to work, food, family etc.

2. a) If nearing death, what are your goals/priorities? What is most important to you? For example, dignity, to be comfortable, and to have my friends and family around me etc.

b) If nearing death, what is unacceptable to you? What do you NOT want? For example, not wanting particular family or people to visit or see me, being alone and feeling helpless etc.

c) Consent to palliative and comfort care so that you can feel better, even though it won't cure you:

Yes, I would like to receive palliation and comfort care

3. Where would you like to die/finish up?

- at home / on country (list location)
- in hospital or hospice
- other (please provide details)

4. Any other information that may help with medical decisions?

5. Any cultural or spiritual requests?

6. After death, what is important to you? For example, a ceremonial smoking, or for my body to be returned to my birth country, blessings, cremation, burial etc.

Note to section B, question 5 – if these details of burial/cremation are already provided in your will you do not need to restate them here

SECTION C: ADVANCE CONSENT DECISION

THIS IS NOT A COMPULSORY SECTION

Advance Consent Decisions are legally binding on your health care provider and can include decisions about organ transplants, palliative care, instructions not to be put on life support, or directions about not receiving blood transfusions.

Cardio Pulmonary resuscitation (CPR): refers to medical procedures that may be used to restart your heart or breathing if they stop due to severe illness. It usually involves very strong pumping on your chest, electric shocks to your heart, medications injected into your veins and breathing tubes being put into your throat to allow a machine to breath for you.

1. If my heart stops and CPR is an option:

- Please try to restart my heart or breathing (attempt CPR)

Except if it results in an unacceptable outcome. Refer to what you wrote in section 2b above and describe unacceptable outcomes, for example, I will not be able to live independently or go home.

Unacceptable outcomes include:

- Please allow me to die a natural death. Do not restart my heart or breathing (No CPR)

2. Are there specific medical treatments that you DO NOT want?

- Artificial feeding/tube feeding:
- Renal dialysis:
- Blood transfusions;
- Other:

3. Do you have any religious or ethical beliefs that may affect your treatment? If yes, describe how your beliefs might affect your treatment:

For example: *‘Because of my religious beliefs, I do not want to receive any blood transfusions or organ transplants’.*

Note: It is strongly recommended that before completing this document you discuss your options with your doctor who knows your medical history and views. The doctor will also be able to explain any medical terms that you are unsure about and will confirm that you were able to understand the decisions you have made in the document and that you made those decisions voluntarily. You can also ask your doctor to witness your signature.

Note: It is your legal right to refuse any medical treatment. However, you may not be entitled to insist on receiving a particular treatment (if, for example, your health-care provider’s professional opinion is that the treatment would not be of benefit to you).

SECTION D: APPOINT DECISION MAKER(S)

THIS IS NOT A COMPULSORY SECTION

1. Appointment of a decision maker is made by me, the Adult:

(Complete if you wish to appoint a decision maker)

(Print your full legal name)

(Print your address)

2. (a) To appoint as my decision maker:

(Print full legal name of decision maker)

(Print address of decision maker)

(Email address of your decision maker)

(Mobile number of your decision maker)

All matters

financial matters (including dealing in property)

personal/health matters

limited matters (specify) _____

(Specimen signature of decision maker if appointing for financial matters)

If only nominating one decision maker, please rule through 2(b) and 2(c).

(b) To appoint as my decision maker:

(Complete if you wish to appoint a second decision maker OR rule through)

(Print full legal name of decision maker)

(Print address of decision maker)

(Email address of your decision maker)

(Mobile number of your decision maker)

- All matters
- financial matters (including dealing in property)
- personal/health matters
- limited matters (specify) _____

(Specimen signature of decision maker if appointing for financial matters)

(c) To appoint as my decision maker:

(Complete if you wish to appoint a third decision maker OR rule through)

(Print full legal name of decision maker)

(Print address of decision maker)

(Email address of your decision maker)

(Mobile number of your decision maker)

- All matters
- financial matters (including dealing in property)
- personal/health matters
- limited matters (specify) _____

(Specimen signature of decision maker if appointing for financial matters)

3. How do you prefer your decision maker(s) to make decisions?

(Tick one box only)

- Severally (any one of them may decide)
- Jointly (unanimously)
- Other or specific circumstances (for example, if one decision maker is out of the Territory I appoint the other), please list:

Note: You may attach more pages if required. Please number each page that you attach.

Office Use Only

SECTION E: SIGNING AND WITNESSING

THIS A COMPULSORY SECTION

ADULT MAKING THE ADVANCE PERSONAL PLAN

_____ (Print name)

_____ (Adult signs here or, if the adult is unable to sign a person acting on the direction, and in the presence of the adult, must sign)

If you are signing for the adult

I, _____ am at least
(Full name)

am at least eighteen years old and not appointed as a decision maker for the adult.

WITNESS

I, _____ of
(Full name)

_____ (Address)

A qualified witness _____
(State qualifications as authorised witness)

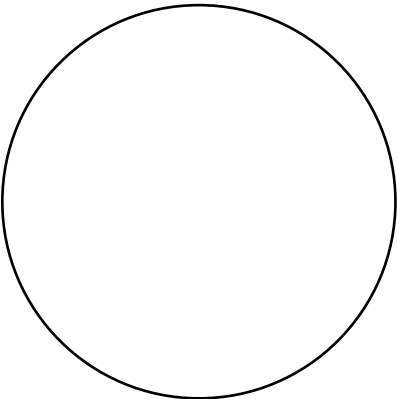
certify that the person making this document is who they purport to be, has attained the age of eighteen years, appears to understand the nature and effect of the Advance Personal Plan, appears to be acting voluntarily without coercion or other undue influence and that the plan was signed by the adult making it, or by their representative, in my presence.

_____ (Witness signs here)

_____ (Insert date)

Please refer to next page for a list of people who are authorised witnesses and are able to witness the making of an Advance Personal Plan

Office use only

	
---	--

Note: The following people are authorised witnesses and are able to witness the making of an Advance Personal Plan:

- Commissioner for Oaths, including legal practitioners, Justices of the Peace and Police Officers.
- Doctors, Nurses, Pharmacist, Aboriginal and Torres Strait Islander health practice and other health practitioner (as defined in the Health Practitioner Regulation National Law).
- Accountants.
- Chief Executive Officers of Local Government Authorities.
- Social Workers.
- Principals of Northern Territory schools.

Note: You may register your Advance Personal Plan with the Public Trustee for safe keeping without any fee:

Fill out the Application to Register Form

(https://nt.gov.au/_data/assets/pdf_file/0017/170432/application-to-register-advance-personal-plan.pdf) and post or email to:

Public Trustee

GPO Box 470
 Darwin NT 0801
 Phone: (08) 8999 7271
 Fax: (08) 8999 7882
agd.publictrustee@nt.gov.au

Note: If your advance personal plan authorises dealings in property it must be registered with the Land Titles Office for any dealings to occur. You must pay the lodgement fee (for details of fees please contact the Land Titles Office on 8999 6520) and the original form must be lodged by mail or in person to at the following address:

Land Titles Office

Darwin

GPO Box 3021
 Darwin NT 0801
 Nichols Place, Corner Cavenagh and Bennett Streets
 Darwin NT 0800
 Phone: (08) 8999 6520
 Fax: (08) 8999 6239
AGD.RegistrarGeneral@nt.gov.au

Alice Springs

PO Box 8043
 Alice Springs NT 0871
 Centrepont Building
 Corner Gregory Terrace and Hartley Streets
 Alice Springs NT 0870
 Phone: (08) 8951 5339
 Fax: (08) 8951 5340
AGD.RegistrarGeneral@nt.gov.au