



# Form B — Lasting power of attorney for health and welfare

## Section 1

### The donor

You are appointing other people to make decisions on your behalf.  
You are 'the donor'.

**Restrictions** - you must be at least 18 years old and be able to understand and make decisions for yourself (called 'mental capacity').

Title First names

Last name

Any other names you're known by (optional - eg your married name)

Date of birth

Day Month Year

Address

Postcode

Email address (optional)

**If you are filling this in for a friend or relative** and they can no longer make decisions independently, they can't make an LPA

## Section 2

### The attorneys

The people you choose to make decisions for you are called your 'attorneys'. Your attorneys don't need special legal knowledge or training. They should be people you trust and know well. Common choices include your husband, wife or partner, son or daughter, or your best friend.

**You need at least one attorney, but you can have more.**

You'll also be able to choose 'replacement attorneys' in section 4. They can step in if one of the attorneys you appoint can no longer act for you.

**Restrictions** - Attorneys must be at least 18 years old and must have mental capacity to make decisions.

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Last name		
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Date of birth		
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Postcode	<input type="text"/>	
Email address (optional)		
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Title	First names	
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Postcode	<input type="text"/>	
Email address (optional)		
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## Section 2 - continued

Title  First names

Last name

Date of birth  
    
Day Month Year

Address

Postcode

Email address (optional)

Title  First names

Last name

Date of birth  
    
Day Month Year

Address

Postcode

Email address (optional)

**More attorneys** – I want to appoint more than 4 attorneys. Use Continuation sheet 1.

## Section 3

# How should your attorneys make decisions?

You need to choose whether your attorneys can make decisions on their own or must agree some or all decisions unanimously.

Whatever you choose, they must always act in your best interests.

**I only appointed one attorney** (turn to section 4)

**How do you want your attorneys to work together?** (tick one box only)

**Jointly and severally**

Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish, but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work.

If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.

**Jointly**

Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court.

**Be careful** - if one attorney dies or can no longer act, all your attorneys become unable to act. This is because the law says a group appointed 'jointly' is a single unit. Your LPA will stop working unless you appoint at least one replacement attorney (in section 4).

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

Attorneys must agree unanimously on some decisions, but can make others on their own. If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on Continuation sheet 2. The wording you use is important.

**Be Careful** - if one attorney dies or can no longer act, none of your attorneys will be able to make any of the decisions you have said should be made jointly. Your LPA will stop working for those decisions unless you appoint at least one replacement attorney (in section 4). Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys.



*If you choose 'jointly for some decisions...', you may want to take legal advice*

## Section 4

# Replacement attorneys

**This section is optional, but we recommend you take a look at it**

Replacement attorneys are a backup in case one of your original attorneys can't make decisions for you anymore.

**Reasons replacement attorneys step in** - if one of your original attorneys dies, loses capacity, no longer wants to be your attorney or is no longer legally your husband, wife or civil partner.

**Restrictions** - replacement attorneys must be at least 18 years old and have mental capacity to make decisions.

Title	First names	Title	First names
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Last name		Last name	
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Date of birth		Date of birth	
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Postcode	<input type="text"/>	Postcode	<input type="text"/>

**More Replacements** - I want to appoint more than two replacements. Use Continuation sheet 1

### When and how your replacement attorneys can act

Replacement attorneys usually step in when one of your original attorneys stops acting for you. If there's more than one replacement attorney, they will all step in at once. If they fully replace your original attorney(s) at once, they will usually act jointly. You can change some aspects of this, but most people don't.



*You should consider taking legal advice if you want to change how your replacement attorneys act*

I want to change when or how my attorneys can act (optional). Use Continuation sheet 2.

## Section 5

# Life-sustaining treatment

**!** This is an important part of your LPA.

You must choose whether your attorneys can give or refuse consent to life-sustaining treatment on your behalf.

Life-sustaining treatment means care, surgery, medicine or other help from doctors that's needed to keep you alive, for example:

- a serious operation, such as a heart bypass or organ transplant
- cancer treatment
- artificial nutrition or hydration (food or water given other than by mouth)

Whether some treatments are life-sustaining depends on the situation. If you had pneumonia, a simple course of antibiotics could be life-sustaining.

Decisions about life-sustaining treatment can be needed in unexpected circumstances, such as routine operation that didn't go as planned.

**Who do you want to make decisions about life-sustaining treatment?** (sign only one option)

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

If you choose this option, your attorneys can speak to doctors on your behalf as if they were you

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

If you choose this option, your doctors will take into account the views of the attorneys and of people who are interested in your welfare as well as any written statement you have made, where it is practical and appropriate.

Signature or mark

Date signed or marked

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Day                  Month                  Year

Signature or mark

Date signed or marked

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Day                  Month                  Year

### Witness

The witness must not be an attorney or replacement attorney appointed under this LPA, and must be aged 18 or over.

Signature or mark

Full name of witness

Address

Postcode

## Section 6

# People to notify when the LPA is registered

### This section is optional

You can let people know that you're going to register your LPA. They can raise any concerns they have about the LPA - for example, if there was any pressure or fraud in making it.

When the LPA is registered, the person applying to register (you or one of your attorneys) must send a notice to each 'person to notify'.

You can't put your attorneys or replacement attorneys on here.

People to notify can object to the LPA. After that, they are no longer involved in the LPA. Choose people who care about your best interests and who would be willing to speak up if they were concerned.

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Last name	
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Address	
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<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
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Postcode	<input type="text"/>

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Postcode	<input type="text"/>

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Last name	
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Address	
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Postcode	<input type="text"/>

I want to appoint another person to notify (maximum is 5) - use Continuation sheet 1

## Section 7

# Your legal rights and responsibilities

### Everyone signing the LPA must read this information

In sections 8 to 10, you, the certificate provider, all your attorneys and your replacement attorneys must sign this lasting power of attorney to form a legal agreement between you (a deed).

**By signing this lasting power of attorney, you (the donor) are appointing people (attorneys) to make decisions for you.**

**LPAs are governed by the Mental Health and Mental Capacity Ordinance (MHMCO)** and regulations made under it. Attorneys must have regard to these documents.

**Your attorneys must follow the principles of the MHMCO.**

1. Your attorneys must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorneys must help you to make as many of your own decisions as you can. They must take all practical steps to help you make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision through all those steps.
3. Your attorneys must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorneys must act and make decisions in your best interests when you are unable to make a decision.
5. Before your attorneys make a decision or act for you, they must consider whether you can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

**Your attorneys must always act in your best interests.**

**Before this LPA can be used** it must be registered by the Public Guardian (PG). Your attorneys can only use this LPA if you don't have mental capacity.

**Cancelling your LPA:** You can cancel this LPA at any time, as long as you have the mental capacity to do so. It doesn't matter if the LPA has been registered or not.

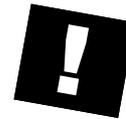
**Your will and your LPA:** Your attorneys cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys must then send the registered LPA, any certified copies and a copy of your death certificate to the Public Guardian.

# Section 8

## Signature: donor

By signing this page I confirm all of the following:

- I have read this lasting power of attorney (LPA) including section 7 'Your legal rights and responsibilities', or I have had it read to me.
- 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 LPA and to the provisions of the MHMCO.
- I confirm I have chosen either Option A or Option B about life sustaining treatment in section 5 of this LPA.
- I have either appointed people to notify (in section 6) or I have chosen not to notify anyone when the LPA is registered
- I agree to the information I've provided being used by the Public Guardian in carrying out its duties.



### Be Careful

Sign this page and section 5 (and any continuation sheets) before anyone signs sections 9 and 10.

### Donor

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

Signature or mark

Date signed or marked

<input type="text"/>					
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Day                  Month                  Year

You must also sign Section 5 (page 6) at the same time as you sign this page.

If you have used Continuation sheets 1 or 2 you must sign and date each continuation sheet at the same time as you sign this page.

If you can't sign this LPA you can make a mark instead. If you can't sign or make a mark you can instruct someone else to sign for you, using Continuation sheet 3.

### Witness

The witness must not be an attorney or replacement attorney appointed under this LPA, and must be aged 18 or over.

Signature or mark

Full name of witness

Address

Postcode

## Section 9

# Signature: certificate provider

**!** Only sign this section after the donor has signed section 8

The 'certificate provider' signs to confirm they've discussed the lasting power of attorney (LPA) with the donor, that the donor understands what they are doing and that nobody is forcing them to do it. The 'certificate provider' should be either:

- Someone who has known the donor personally for at least 2 years, such as a friend, neighbour, colleague or former colleague.
- Someone with relevant professional skills, such as the donor's GP, a healthcare professional or a solicitor.

A certificate provider **can't** be one of the attorneys.

### Certificate provider's statement

I certify that, as far as I'm aware, at the time of signing section 8:

- The donor understood the purpose of this LPA and the scope of the authority conferred under it.
- No fraud or undue pressure is being used to induce the donor to create this LPA.
- There is nothing else which would prevent this LPA from being created by the completion of this instrument.

By signing this section I confirm that:

- I am aged 18 or over
- I have read this LPA, including section 7 'Your legal rights and responsibilities'
- There is no restriction on my acting as a certificate provider
- The donor has chosen me as someone who has known them for at least 2 years **OR**
- The donor has chosen me as a person with relevant professional skills and expertise

**Restrictions** – the certificate provider must not be:

- an attorney or replacement attorney named in this LPA or any other LPA or enduring power of attorney for the donor
- a member of the donor's family or of one of the attorneys' families, including husbands, wives, civil partners, in-laws and step-relatives
- an unmarried partner, boyfriend or girlfriend of either the donor or one of the attorneys (whether or not they live at the same address)
- the donor's or an attorney's business partner
- the donor's or an attorney's employee
- an owner, manager, director or employee of a care home where the donor lives

### Certificate provider

Title  First names

Last name

Address

Postcode

Signature or mark

Date signed or marked

Day Month Year

## Section 10

# Signature: attorney or replacement

**!** Only sign this section after the certificate provider has signed section 9

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page - make more copies if you need to.

**By signing this section I understand confirm all of the following:**

- I am aged 18 or over.
- I have read this lasting power of attorney (LPA) including section 7 'Your legal rights and responsibilities', or have had it read to me.
- I have a duty to act based on the principles of the MHMCO.
- I must make decisions and act in the best interests of the donor.
- I must take into account any instructions or preferences set out in this LPA.
- I can make decisions and act only when this LPA has been registered.
- I can make decisions and act only when the donor lacks mental capacity.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

### Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

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Day                  Month                  Year

Title                  First names

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Last name

### Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address


Postcode

## Section 10

# Signature: attorney or replacement

**!** Only sign this section after the certificate provider has signed section 9

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page - make more copies if you need to.

**By signing this section I understand confirm all of the following:**

- I am aged 18 or over.
- I have read this lasting power of attorney (LPA) including section 7 'Your legal rights and responsibilities', or have had it read to me.
- I have a duty to act based on the principles of the MHMCO.
- I must make decisions and act in the best interests of the donor.
- I must take into account any instructions or preferences set out in this LPA.
- I can make decisions and act only when this LPA has been registered.
- I can make decisions and act only when the donor lacks mental capacity.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

### Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

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Day                  Month                  Year

Title                  First names

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Last name

### Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address


Postcode

## Section 10

# Signature: attorney or replacement

**!** Only sign this section after the certificate provider has signed section 9

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page - make more copies if you need to.

**By signing this section I understand confirm all of the following:**

- I am aged 18 or over.
- I have read this lasting power of attorney (LPA) including section 7 'Your legal rights and responsibilities', or have had it read to me.
- I have a duty to act based on the principles of the MHMCO.
- I must make decisions and act in the best interests of the donor.
- I must take into account any instructions or preferences set out in this LPA.
- I can make decisions and act only when this LPA has been registered.
- I can make decisions and act only when the donor lacks mental capacity.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

### Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

<input type="text"/>					
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Day                  Month                  Year

Title                  First names

<input type="text"/>	<input type="text"/>
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Last name

### Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

## Section 10

# Signature: attorney or replacement

**!** Only sign this section after the certificate provider has signed section 9

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page - make more copies if you need to.

**By signing this section I understand confirm all of the following:**

- I am aged 18 or over.
- I have read this lasting power of attorney (LPA) including section 7 'Your legal rights and responsibilities', or have had it read to me.
- I have a duty to act based on the principles of the MHMCO.
- I must make decisions and act in the best interests of the donor.
- I must take into account any instructions or preferences set out in this LPA.
- I can make decisions and act only when this LPA has been registered.
- I can make decisions and act only when the donor lacks mental capacity.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

### Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

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Day                  Month                  Year

Title                  First names

<input type="text"/>	<input type="text"/>
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Last name

### Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

<input type="text"/>
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Postcode

## Now register your LPA

Before the LPA can be used, it **must** be registered by the Public Guardian (PG). Continue filling in this form to register the LPA.

### People to notify

If there are any 'people to notify' listed in section 6, you must notify them that you are registering the LPA now.

Fill in and send each of them a copy of sections 1 to 10 of this form.

When you sign section 13 of this form, you are confirming that you've sent the copies to the 'people to notify'.

### Register now

You do not have to register immediately, but it's a good idea in case you've made any mistakes. If you delay until after the donor loses mental capacity, it will be impossible to fix any errors. This could make the whole LPA invalid and it will not be possible to register or use it.

# Register your lasting power of attorney

## Section 11

### The applicant

You can only apply to register if you are the donor or attorney(s) for this LPA.  
The donor and attorney(s) should not apply together.

Who is applying to register the LPA? (tick one only)

**Donor** - the donor needs to sign section 13.

**Attorney(s)** - if the attorneys were appointed jointly (in section 3) then they **all** need to sign in section 13. Otherwise, only one of the attorneys needs to sign.

Write the name and date of birth for each attorney that is applying to register the LPA. Don't include any attorneys who are not applying.

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Date of birth	
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Day	Month Year

Title	First names
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Last name	
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Date of birth	
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Day	Month Year

Title	First names
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Day	Month Year

Title	First names
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Last name	
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Date of birth	
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Day	Month Year

## Section 12

### Who do you want to receive the LPA?

We need to know who to send the LPA to once it's registered. We might also need to contact someone with questions about the application.

**We already have the addresses** of the donor and attorneys, so you don't have to repeat any of those here, unless they have changed.

**Who is applying to register the LPA?** (tick one only)

- The donor**
- An attorney** (write name below)
- Other** (write name and address below)

Title      First names

<input type="text"/>	<input type="text"/>
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Last name

Company (optional)

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

**How would the person above prefer to be contacted?**

You can choose more than one.

- Post**
- Phone**
- Email**

# Section 13

## Signature

**!** Do not sign this section until after sections 8, 9 and 10 have been signed.

The person applying to register the LPA (see section 11) must sign and date this section. This is either the donor or attorney(s) but not both together.

If the **attorneys** are applying to register the LPA and they were appointed to act **jointly** (in section 3), they must sign all.

### By signing this section I confirm the following:

- I apply to register the LPA that accompanies this application
- I have informed 'people to notify' named in section 6 of the LPA (if any) of my intention to register the LPA
- I certify that the information in this form is correct to the best of my knowledge and belief

Signature or mark

Date signed

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Day                  Month                  Year

Signature or mark

Date signed

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Day                  Month                  Year

Signature or mark

Date signed

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Day                  Month                  Year

Signature or mark

Date signed

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Day                  Month                  Year

If more than 4 attorneys need to sign, make copies of this page.