

# INSTRUCTIONS FOR APPOINTMENT OF ENDURING GUARDIAN

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**Name:**

**Address:**

**Occupation:**

**Telephone contact number(s):** (h)                      (w)                      (m)                      (fax)

**Email:**

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## Guardian

*The Guardianship Act says that the following people cannot be appointed:*

- (1) *A person below the age of 18*
- (2) *A person who is professionally or administratively, directly or indirectly responsible for, or involved in the provision of any of the following for fee or reward to the person making the appointment:*
  - (a) *medical services (whether in a hospital, at home or otherwise)*
  - (b) *accommodation*
  - (c) *any other services to support the person making the appointment in his or her activities*
- (3) *A person who is the spouse, parent, child, brother or sister of a person of the kind referred to in (2).*

*You should consider appointing at least two Guardians so that if one is not able to act as Guardian, either permanently or temporarily, the other will be available to act on your behalf.*

### **Guardian 1:**

Full Name:

Address

### **Guardian 2:**

Full Name:

Address

### **Guardian 3:**

Full Name:

Address

## Joint or separate appointment

If I appoint two or more Guardians I want them to act:

- Jointly. *This means that the Guardians must all exercise the functions together. We do not recommend this choice because, if one Guardian is not available, nobody will be able to act.*
- OR
- Separately. *This means that each Guardian may sign by himself or herself.*
- OR
- In some other combination. *As there are many possible combinations, you will have to discuss this with us.*
- OR
- There is only one Guardian.

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## Alternate Enduring Guardian

*You may choose to appoint an alternate enduring guardian to act in place of your enduring guardian if he or she dies, resigns or becomes incapacitated. An alternate enduring guardian is not entitled to exercise functions until and unless that happens. You would normally not need an alternate enduring guardian if you have appointed more than one enduring guardian, but there is nothing to prevent you from doing so.*

- Name of Alternate Enduring Guardian(s):  
Address:
- I do not wish to appoint an alternate enduring guardian.

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## Functions

- Deciding the place in which I am to live. *(For example, in a hostel or nursing home).*
- Deciding the health care that I am to receive. *(For example, treating doctor, community health care).*
- Deciding the other kinds of personal services that I am to receive. *(For example, home support services).*
- Giving consent to the carrying out of medical or dental treatment on me. *(In accordance with Part 5 of the Guardianship Act - "See Information Sheet").*
- Other:

