

Instrument Appointing Enduring Guardian(s) For Tasmania

Write your name, address, occupation and date of birth here.

Occupation examples:
Carpenter, Retiree, Home duties

Write your guardian details here.

If you only want to appoint one person as your guardian, complete this section, then go to Section 3. If you want to appoint joint guardians, write the first guardian's details here.

If you want to appoint **joint guardians**, write the second person's details here. See the info sheet for more information on joint guardians.

Optional section

If you want to appoint an **alternative guardian in case one of your guardians cannot assume the role.**

Write your alternative guardian's details here. If you do not wish to appoint an alternative guardian, go to Section 4 now.

Section 1: Your Details

I, (your full name): _____

Of (your address): _____

Telephone: _____

Date of Birth: _____

Occupation: _____

Section 2: Choosing your guardian(s)

Appoint (guardian's name): _____

Of (guardian's address): _____

Telephone: _____

Guardian's Occupation: _____

to be my guardian.

Optional Section

I also appoint (joint guardian's name): _____

Of (joint guardian's address): _____

Telephone: _____

Joint Guardian's Occupation: _____

to be my guardian.

Section 3: Choose your Alternative Guardian (Optional)

In the event that my guardian (or one of my joint guardians) becomes incapable or unavailable to exercise this appointment, I appoint:

(Alternative guardian's name): _____

Of (alternative guardian's address): _____

Telephone: _____

Alternative Guardian's Occupation: _____

Optional section:

These are called conditions. Personal matters are defined in section 3 of the Guardianship and Administration Act 1995 (the Act).

Subject to any Advance Care Directive you have made, if you do not impose any conditions, a guardian will be able to make decisions about personal matters for you.

Optional Section:

Subject to any conditions specified below in Section 4, I authorise my guardian, in the event that I become unable by reason of impaired decision-making ability to make decisions in respect of my personal matters to exercise the powers of an enduring guardian under Section 32 of the *Guardianship and Administration Act 1995*.

I require my guardian to observe the following conditions in exercising, or, in relation to the exercise of, the powers conferred by this instrument:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings on the paper.

☐ I have made an Advance Care Directive (ACD)

Date ACD made: _____

☐ The ACD is registered with the Tasmanian Civil and Administrative Tribunal.

ACD registration number: _____

PLEASE NOTE: Before you sign this form you must understand the nature and effect of the instrument. Section 32(2A) of the Act sets out the requirements for someone to understand the nature and effect of the instrument.

You sign here, but before you sign, you must arrange for two witnesses to watch you sign this form.

The witnesses cannot be the people you have named as your guardian(s) or close family members of the people you have named as your guardian(s). Close family member is defined in section 3 of the Act.

Your first witness signs here and writes their full name and address.

Your second witness signs here and writes their full name and address.

Section 6: Signatures

This is an appointment of an enduring guardian made under Part 5 of the *Guardianship and Administration Act 1995*. I acknowledge that this is a public document and is available for public scrutiny.

Signed: _____

Date: _____

As witnesses we certify that: (a) the appointor has signed this instrument freely and voluntarily in our presence; and
(b) the appointor appeared to understand the effect of this instrument.

Signature of Witness 1

Signed: _____

Name: _____

Occupation: _____

Address: _____

Signature of Witness 2

Signed: _____

Name: _____

Occupation: _____

Address: _____

Your first guardian writes their full name and signs here to say they accept the appointment as your guardian and have obtained and understood any Advance Care Directive you have given. This should be the person whose name you wrote on the first part of Section 2. They do not need a witness for their signature.

If you have appointed **two joint guardians** who must act together, your joint guardian writes their full name and signs here. They do not need a witness for their signature.

If you have appointed **an alternative guardian** in case your first guardian cannot assume the role, your alternative guardian signs here. They do not need a witness for their signature.

I, (guardian's name): _____

accept appointment as a guardian under this instrument, declare that I have read and understood any advance care directives given by my appointor and undertake to exercise the powers conferred honestly and in accordance with the provisions of the *Guardianship and Administration Act 1995*.

Signed: _____

I, (joint guardian's name): _____

accept appointment as a guardian under this instrument, declare that I have read and understood any advance care directives given by my appointor and undertake to exercise the powers conferred honestly and in accordance with the provisions of the *Guardianship and Administration Act 1995*.

Signed: _____

I, (alternative guardian's name): _____

accept appointment as a guardian under this instrument, declare that I have read and understood any advance care directives given by my appointor and undertake to exercise the powers conferred honestly and in accordance with the provisions of the *Guardianship and Administration Act 1995*.

Signed: _____

How to Register this Form

- Step 1: Ensure you have signed the form in front of two witnesses who must also sign the document. The proposed guardians must also sign the document.
- Step 2: Complete the Enduring Guardian Coversheet.
- Step 3: Lodge this form and the coversheet at any Service Tasmania Shop with the registration fee or apply for a waiver of the fee on grounds of financial hardship.
- Step 4: The Tribunal will register the document and return the original document to you. You may wish to make extra copies for other members of your family, hospitals and your lawyer. If a law firm has submitted your documents, the original documents will be returned to the law firm.

Note: Note: This document is not legally binding unless it is registered.