

RS6009 – Nomination of Authority & Contact Details (E&C)_V2.0

Facility:		Wing / Room Number:	
Resident's First Name:		Family Name:	
Resident's Name in Chinese:		Preferred Name:	
This nomination form is effective from:	From _____ To _____ or <input type="checkbox"/> Until further Notice		
<input type="checkbox"/> New Authority (Complete all sections)	<input type="checkbox"/> Amended Authority (Complete Page 1 of this form; and any sections that have changed.)		
Description of Authorities			
<p><u>Power of Attorney</u> <i>A Power of Attorney is a legal document allowing another person or agent to act on your behalf in matters to do with money, bank accounts, shares, real estate and other assets.</i></p> <p><i>A person or agent with Power of Attorney is only authorised to act in relation to financial matters. They are not authorised to make personal decisions (including medical decisions) on your behalf. In NSW there are two types of Powers of Attorney:</i></p> <p>1. General Power of Attorney (also called an Ordinary Power of Attorney) <i>A general (or ordinary) power of attorney is appointed for a specific period of time, e.g. during the time of an overseas holiday. If you appoint a General Power of Attorney and then lose mental capacity at a later stage the appointment will no longer be valid.</i></p> <p>2. Enduring Power of Attorney <i>An Enduring Power of Attorney is a legal document through which you can appoint a person to make decisions about your property or financial affairs. This can include spending and managing your money, buying or selling shares or buying, selling, leasing or mortgaging your house or other real estate. It remains in force after a person has lost mental capacity.</i></p> <p><u>Enduring Guardianship</u> <i>An Enduring Guardian is someone you legally appoint to make personal or lifestyle decisions for you when you are not capable of doing this for yourself. You choose which decisions you want your Enduring Guardian to make which may include where you should live and what medical treatment and services you should receive.</i></p> <p><u>NSW Trustee & Guardian</u> <i>NSW Trustee & Guardian supports the people of NSW in planning for their future legal, health and financial decisions. The agency can also be appointed as a person's financial manager and/or guardian by a court or tribunal.</i></p>			
Confidentiality Information			
<p>ANHF complies with the standards set out in the National Privacy Principles as defined in the Privacy Amendment (Private Sector) Act 2000. Therefore, we will only collect personal information if it is required to enable us to provide accommodation and care for our residents. We will only use or disclose information for the purpose for which it was collected and in ways that you would reasonably expect, unless you consent to it being used or disclosed in another way. We will not use the information for direct marketing purposes, nor disclose it to others for direct marketing purposes. We will take all reasonable steps to protect the personal information we hold from misuse and loss, and from unauthorised access, modification and disclosure. Full details of our Privacy Policy can be found in https://www.anhf.org.au/contact-us/privacy-policy/</p>			
<p><input type="checkbox"/> I agree to authorise the following person(s) to represent me in managing the different aspects of my affairs while I am residing in the residential aged care facility.</p>			
Resident's Signature:		Date:	
OR			
Resident's Person Responsible for Care (refer to authority and evidence provided below in Person Responsible for Care):		Date:	



Please ensure each authority is signed by the authorised person who accepts his/her responsibility.

A. Person Responsible for Care – Primary Contact

This is the person we will contact for care issues and incidents notifications. Except in an emergency, this person will give consent for medical and dental treatment if the resident does not have the capacity to consent.

Note: If a valid Advance Care Directive has been provided it will be used first to determine treatment.

Who Can Be A Person Responsible

It is not necessarily your closest relative and the term **Next of Kin** has no legal standing. A **Person Responsible** under the NSW Guardianship Act 1987 is ranked in the following orders:

- A legally appointed Guardian (which includes Enduring Guardian or NSW Public Trustee & Guardian appointed by you – see **Description of Authorities**).
- If there is no guardian, a spouse or de-facto spouse with whom you have a close continuing relationship (includes same sex partners).
- If there is no spouse or de facto spouse an unpaid carer who is now providing support or provided support before you entered residential care.
- If there is no unpaid carer a relative or friend who has a close and continuing personal relationship with you.

First Name:		Family Name:	
Or Organisation:			
Address Line 1:			
Address Line 2:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:			
Description of Person Responsible: Please tick appropriate box(s)	<input type="checkbox"/> Guardian / NSW Public Trustee & Guardian – please supply a copy of Enduring Guardianship documentation <input type="checkbox"/> Spouse or De facto Spouse <input type="checkbox"/> Unpaid Carer <input type="checkbox"/> Relative – please specify relationship _____ <input type="checkbox"/> Friend		

I agree to accept responsibility as a Person Responsible for Care Signature:	Date:
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Other Remarks:

- Tick this box if there is more than 1 person responsible for Care and complete the next section.
- Tick this box if the person responsible for Care requires support for languages other than English. If so, please specify the language required for spoken / written _____

B. Additional Care Contact – This person will only be contacted for incident notifications or consent for medical and dental treatment if (1) the primary person responsible for Care is unavailable AND (2) if the resident does not have the capacity to consent.

First Name:		Family Name:	
Or Organisation:			
Address Line 1:			
Address Line 2:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:			
Description of Person Responsible: Please tick appropriate box(s)	<input type="checkbox"/> Guardian / NSW Public Trustee & Guardian – please supply a copy of Enduring Guardianship documentation <input type="checkbox"/> Spouse or De facto Spouse <input type="checkbox"/> Unpaid Carer <input type="checkbox"/> Relative – please specify relationship _____ <input type="checkbox"/> Friend		

I agree to accept responsibility as a Person Responsible for Care Signature:	Date:
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Other Remarks:

- Tick this box if the person responsible for Care requires support for languages other than English. If so, please specify the language required for spoken / written _____



C. Person Responsible for Finances – Primary Contact

This is the person we will contact and to whom we will send all correspondence and consents relating to financial matters, including fees, RADs and monthly statements. All financial matters should be referred to:-

Myself (the Resident) **OR** My Representative (below)

First Name:		Family Name:	
Or Organisation:			
Address Line 1:			
Address Line 2:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:			
Type of Authority Held: (Refer to Description of Authorities on Page 1 of this form).	Please tick appropriate box(s) and attach a copy of evidence if relevant. See Description of Authorities for more information.		
	<input type="checkbox"/> General Power of Attorney (Not valid if the resident has lost capacity) <input type="checkbox"/> Enduring Power of Attorney (Remains in force if the resident has lost Capacity) <input type="checkbox"/> NSW Public Trustee & Guardian <input type="checkbox"/> Relative – please specify relationship _____		

I agree to accept responsibility as a Person Responsible for Finances Signature:	Date:
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Other Remarks:

Tick this box if there is more than 1 person responsible for Finances and complete the next section.

Tick this box if the person responsible for Finance requires support for languages other than English. If so, please specify the language required for spoken / written _____.

D. Additional Finances Contact – This person will only be contacted for consent for financial matters/consents if (1) the primary person responsible for Care is unavailable AND (2) if the resident does not have the capacity to consent.

First Name:		Family Name:	
Or Organisation:			
Address Line 1:			
Address Line 2:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:			
Type of Authority Held: (Refer to Description of Authorities on Page 1 of this form).	Please tick appropriate box(s) and attach a copy of evidence if relevant. See Description of Authorities for more information.		
	<input type="checkbox"/> General Power of Attorney (Not valid if the resident has lost capacity) <input type="checkbox"/> Enduring Power of Attorney (Remains in force if the resident has lost Capacity) <input type="checkbox"/> NSW Public Trustee & Guardian <input type="checkbox"/> Relative – please specify relationship _____		

I agree to accept responsibility as a Person Responsible for Finances Signature:	Date:
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Other Remarks:

Tick this box if the person responsible for Finance requires support for languages other than English. If so, please specify the language required for spoken / written _____.



E. Other Interested Parties / Advocates

List below any other people or organisations who may have an interest in your affairs.

Contact / Advocate 1

First Name:		Family Name:	
Or Organisation:			
Address Line 1:			
Address Line 2:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:			
Type of Authority Held: (Refer to Description of Authorities on Page 1 of this form).	Please tick appropriate box(s) and attach a copy of evidence if relevant. See Description of Authorities for more information.		
	<input type="checkbox"/> General Power of Attorney. (Not valid if the resident has lost capacity) <input type="checkbox"/> Enduring Power of Attorney (Remains in force if the resident has lost Capacity) <input type="checkbox"/> Enduring Guardianship (Remains in force if the resident has lost Capacity) <input type="checkbox"/> NSW Public Trustee & Guardian <input type="checkbox"/> Relative – please specify relationship _____		
I agree to be a contact / an advocate for the resident. Signature:			Date:
Other Remarks:			

Contact / Advocate 2

First Name:		Family Name:	
Or Organisation:			
Address Line 1:			
Address Line 2:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:			
Type of Authority Held: (Refer to Description of Authorities on Page 1 of this form).	Please tick one or more of the followings as appropriate and attach a copy. See Description of Authorities for more information.		
	<input type="checkbox"/> General Power of Attorney. (Not valid if the resident has lost capacity) <input type="checkbox"/> Enduring Power of Attorney (Remains in force if the resident has lost Capacity) <input type="checkbox"/> Enduring Guardianship (Remains in force if the resident has lost Capacity) <input type="checkbox"/> NSW Public Trustee & Guardian <input type="checkbox"/> Relative – please specify relationship _____		
I agree to be a contact / an advocate for the resident. Signature:			Date:
Other Remarks:			

F. Mailing Contact

I would like all my mails, EXCEPT ANHF financial documents, sent to:- Myself (the Resident) **OR** My Representative
 If your representative is the same as the **Person Responsible for Care** or the **Person Responsible for Finances** please indicate here

- Person Responsible for Care – Primary Contact Person Responsible for Finances – Primary Contact
 Person Responsible for Care – Additional Contact Person Responsible for Finances – Additional Contact

If none of the above, please add contact details below

First Name:		Family Name:	
Or Organisation:			
Address Line 1:			
Address Line 2:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:			

OFFICE USE: Updated in Finance on _____ By _____ Updated in PCS on _____ By _____



RS6009 — 委託受權人及聯絡資料

院舍：	翼樓 / 房間號碼：
名 (First Name)：	姓 (Family Name)：
院友中文名字：	選擇稱謂：
本委任表格生效日期：	自 _____ 至 _____ 或 <input type="checkbox"/> 直至另行通知
<input type="checkbox"/> 委託新受權人 (填寫所有項目)	<input type="checkbox"/> 更改受權人 (填寫本表格第一頁及其他任何須更改的部分)

授權簡介

授權書 Power of Attorney

授權書是一份准予另一位人士或代理機構代表你在金錢、銀行賬目、股票、物業及其他資產等事宜上代行的法律文件。

持有授權書的人士或代理機構只獲授權代為處理財務事宜，不獲授權你作出個人決定（包括醫療決定）。新州有兩種授權書：

1. **一般授權書 (General Power of Attorney, 又稱 Ordinary Power of Attorney)**
一般授權書只委託一段指定時間，例如在海外旅行期間。若你選擇一般授權書但其後失去理解常理的能力，這委託便不再生效。
2. **持久授權書 (Enduring Power of Attorney)**
持久授權書是一份容許你委託一位人士代你決定物業或財務事宜的法律文件，可以包括使用及處理你的金錢、購買或出售股票、租出或按押你的房屋或其他物業。持久授權書在委託人失去理解常理的能力後仍然生效。

持久監護人 Enduring Guardianship

持久監護人是一位經你合法委託的人士，在你沒有能力自行作出決定時代你作出個人或生活上的決定。你可以要求你的持久監護人作出那些決定，例如你要居住在那裏和想要那些醫療及服務。

新州信託人及監護人專署 NSW Trustee & Guardian

新州信託人及監護人專署協助居住在新州人士計劃未來的法律、健康及財務抉擇。社區人士也可透過法院或審裁處委託這代理機構作為其個人財務經理及/或監護人。

資料保密

澳華療養院基金依循「2000年私隱（私人範疇）修訂法例」（Privacy Amendment (Private Sector) Act 2000）釐定的「全國私隱綱領」（National Privacy Principles），由是基金只收集與為院友提供住宿及護理所需的資料。我們只會按收集資料的目的或你按常理預期的情況下才使用或透露這些資料。基金不會將這些資料直接用作市場推廣，也不會向他人透露作市場推廣之用。我們會採取所有合理步驟保障基金持有的個人資料，確保不被濫用或遺失、杜絕未經授權而接觸、更改及透露資料。基金私隱政策詳見 <https://www.anhf.org.au/contact-us/privacy-policy/>

本人同意授權下列人士在本人人入院舍期間代表本人處理各種個人事宜

院友簽署：	日期：
或	
院友護理受權人（參看以下護理受權人及證明文件一欄）：	日期：



請確保每一位受權人簽署確認接受被授權之責任。

A. 護理受權人 — 主要聯絡人 Person Responsible for Care - Primary Contact			
<p>這是一位我們會聯絡有關護理事宜及通知事故的人士。除緊急情況外，這位人士將在院友沒有能力親自作出同意時代為同意醫護及牙齒護理的安排。</p> <p>注意：若已提供有效之「預立護理指引」(Advance Care Directive)，則會按指引決定治療方法。</p> <p>誰可作為受權人</p> <p>受權人不需要是你的至親，即使「近親」這一名詞也無法律約束力。按「1987年新州監護人法例」(NSW Guardianship Act 1987)「受權人」先後次序釐定如下：</p> <ul style="list-style-type: none"> • 一位按法律委託的監護人(包括由你委任的持久監護人或你自新州公共信託人及監護人專署委任的人士 — 參看授權簡介) • 若並無監護人，則為與你有持續緊密關係的配偶或伴侶(包括同性伴侶) • 若並無配偶或伴侶，則為現在或在你入住院舍前支援你的無薪照顧者。 • 若並無無薪照顧者，則為與你有持續緊密關係的一位親屬或朋友 			
名(First Name)：		姓(Family Name)：	
或機構名稱：			
地址(第1行)：			
地址(第2行)：			
地區：		郵政號碼：	
電話：		手機：	
電郵：			
受權人類別：：請在合適方格內打鉤	<input type="checkbox"/> 監護人 / 新州公共信託人及監護人專署 (NSW Public Trustee & Guardian) - 請提供一份持久監護人委託文件 <input type="checkbox"/> 配偶或同居伴侶 <input type="checkbox"/> 無薪照顧者 <input type="checkbox"/> 親屬 - 請註明關係 _____ <input type="checkbox"/> 朋友		
本人同意接受護理受權人的責任簽署：			日期：
其他意見：			
<input type="checkbox"/> 若在下一部分填寫超過一位護理受權人，則在此方格內打鉤 <input type="checkbox"/> 若護理受權人需要英語外之語言支援，則在此方格內打鉤。若有此需要，請註明所需之口述/書面語言。			

B. 額外護理聯絡人士 - 只在(1)無法聯絡主要護理受權人及(2)院友沒有能力作出同意時才會聯絡這位人士			
名(First Name)：		姓(Family Name)：	
或機構名稱：			
地址(第1行)：			
地址(第2行)：			
地區：		郵政號碼：	
電話：		手機：	
電郵：			
受權人類別：：請在合適方格內打鉤	<input type="checkbox"/> 監護人 / 新州公共信託人及監護人專署 (NSW Public Trustee & Guardian) - 請提供一份持久監護人委託文件 <input type="checkbox"/> 配偶或同居伴侶 <input type="checkbox"/> 無薪照顧者 <input type="checkbox"/> 親屬 - 請註明關係 _____ <input type="checkbox"/> 朋友		
本人同意接受護理受權人的責任簽署：			日期：
其他意見：			
<input type="checkbox"/> 若護理受權人需要英語外之語言支援，則在此方格內打鉤。若有此需要，請註明所需之口述/書面語言。			



C. 財務受權人— 主要聯絡人 Person Responsible for Finances – Primary Contact

這是一位我們會聯絡及發出所有與財務（包括費用、可退回住宿按金及月結單）有關的通訊及同意事宜的人士。所有財務事宜須由下列人士處理：

本人 (院友) 或 本人代表 (如下)

名 (First Name) :		姓 (Family Name):	
或機構名稱 :			
地址 (第 1 行) :			
地址 (第 2 行) :			
地區 :		郵政號碼 :	
電話 :		手機 :	
電郵 :			
授權類別 : (參看本表格首頁 授權簡介)	請在合適方格打鉤及附上有關證明文件 (若需要)。(詳見 授權簡介)		
	<input type="checkbox"/> 一般授權書 (若院友失去自決能力則無效) <input type="checkbox"/> 持久授權書 (若院友失去自決能力仍然生效) <input type="checkbox"/> 新州公共信託人及監護人專署 <input type="checkbox"/> 親屬 - 請註明關係 _____		
本人同意接受財務受權人的責任 簽署 :			日期 :
其他意見 :			
<input type="checkbox"/> 若在下一部分填寫超過一位財務受權人則在此方格內打鉤。 <input type="checkbox"/> 若財務受權人需要英語外之語言支援,則在此方格內打鉤。若有此需要,請註明所需之口述/書面語言。 _____			

D. 額外財務聯絡人— 只在 (1) 無法聯絡主要護理受權人及 (2) 院友沒有能力作出同意時才會聯絡這位人士就財務事宜作出同意時,才聯絡這位人士

名 (First Name) :		姓 (Family Name):	
或機構名稱 :			
地址 (第 1 行) :			
地址 (第 2 行) :			
地區 :		郵政號碼 :	
電話 :		手機 :	
電郵 :			
授權類別 : (參看本表格首頁 授權簡介)	請在合適方格打鉤及附上有關證明文件 (若需要)。(詳見 授權簡介)		
	<input type="checkbox"/> 一般授權書 (若院友失去自決能力則無效) <input type="checkbox"/> 持久授權書 (若院友失去自決能力仍然生效) <input type="checkbox"/> 新州公共信託人及監護人專署 <input type="checkbox"/> 親屬 - 請註明關係 _____		
本人同意接受財務受權人的責任 簽署 :			日期 :
其他意見 :			
<input type="checkbox"/> 若財務受權人需要英語外之語言支援,則在此方格內打鉤。若有此需要,請註明明所需之口述/書面語言。 _____			



E. 其他有意參與人士 / 代言人 Other Interested Parties / Advocates

在下面列出任何可能有意參與你個人事務的人士或機構。

第一位聯絡人 / 代言人

名 (First Name) :		姓 (Family Name):	
或機構名稱 :			
地址 (第 1 行) :			
地址 (第 2 行) :			
地區 :		郵政號碼 :	
電話 :		手機 :	
電郵 :			
授權類別 : (參看本表格首頁 授權簡介)	請在合適方格打鉤及附上有關證明文件 (若需要)。(詳見 授權簡介)		
	<input type="checkbox"/> 一般授權書 (若院友失去自決能力則無效) <input type="checkbox"/> 持久授權書 (若院友失去自決能力仍然生效) <input type="checkbox"/> 新州公共信託人及監護人專署 <input type="checkbox"/> 親屬 - 請註明關係 _____		
本人同意作為上述院友之聯絡人/代言人 簽署 :			日期 :
其他意見 :			

第二位聯絡人 / 代言人

名 (First Name) :		姓 (Family Name):	
或機構名稱 :			
地址 (第 1 行) :			
地址 (第 2 行) :			
地區 :		郵政號碼 :	
電話 :		手機 :	
電郵 :			
授權類別 : (參看本表格首頁 授權簡介)	請在合適方格打鉤及附上有關證明文件 (若需要)。(詳見 授權簡介)		
	<input type="checkbox"/> 一般授權書 (若院友失去自決能力則無效) <input type="checkbox"/> 持久授權書 (若院友失去自決能力仍然生效) <input type="checkbox"/> 新州公共信託人及監護人專署 <input type="checkbox"/> 親屬 - 請註明關係 _____		
本人同意作為上述院友之聯絡人/代言人 簽署 :			日期 :
其他意見 :			

F· 通訊請將本人所有通訊 (與基金有關之財務文件除外) 寄往: 本人 (院友) 或 本人代表若你的代表與**護理受權人**或**財務受權人為同一人**, 請指明:

- 護理受權人 - 主要聯絡人 財務受權人 - 主要聯絡人
 護理受權人 - 額外聯絡人 財務受權人 - 額外聯絡人

若不屬上述人士, 請在下面加上聯絡資料

名 (First Name) :		姓 (Family Name):	
或機構名稱 :			
地址 (第 1 行) :			
地址 (第 2 行) :			
地區 :		郵政號碼 :	
電話 :		手機 :	
電郵 :			

辦公室用 : Updated in Finance on _____ By _____ Updated in PCS on _____ By _____