RESET FORM

RS6009 – Nomination of Authority & Contact Details (E)_V3.0

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** ☐ **Until further Notice**		
☐ **New Authority** *(Complete all sections)*	☐ **Amended Authority** (*Complete Page 1 of this form; and any sections that have changed.)*		

Description of Authorities

Substitute Decision-Maker

When a person cannot make decisions on their own or with support, they might need to have a substitute decision-maker appointed.

The role of a substitute decision-maker is to make decisions on behalf of the person they represent.

The legal effect of a decision made by a substitute decision-maker is the same as if the person had made the decision themselves.

Who is in substitute decision-making?

The following courts and tribunals can appoint substitute decision-makers:

- *The Guardianship Division of the NSW Civil and Administrative Tribunal (NCAT).*
- *The Supreme Court of NSW.*
- *The Mental Health Review Tribunal can appoint substitute decision-makers for legal and financial decisions only.*

NSW Civil and Administrative Tribunal (NCAT) appoints substitute decision-makers for people aged 16 years and over who cannot make decisions on their own or with support and need a legally appointed substitute decision-maker. This may be because:

- *there are no appropriate or safe informal decision-making arrangements in place*
- *there is conflict*
- *the person objects to decisions that are being considered or made, and is at risk*
- *there is a legal reason, such as consent to medical or dental treatment.*

NSW Trustee and Guardian, including the Public Guardian, can be appointed by one of these courts or tribunals as a substitute decision-maker.

What types of substitute decision-makers are there?

There are two broad areas where substitute decisions-makers can be appointed:

- *Health and lifestyle decisions.*
- *Financial and legal decisions.*

Health and lifestyle decisions
Substitute decision-making for health and lifestyle decisions is called guardianship. Health and lifestyle decisions can include decisions such as where a person lives, what health care and services they receive, and what medical and dental treatment they have.

Financial and legal decisions
Substitute decision-making for financial and legal decisions is called financial management. Financial and legal decisions can include decisions about a person's everyday spending, bills and debts, and assets.

How are substitute decision-makers appointed?
While a person has capacity, they can:

- *create an Enduring Power of Attorney, a legal document that sets out who they want to make their future financial and legal decisions if they lose capacity to make those decision for themselves in the future*
- *create an Enduring Guardianship, a legal document that sets out who they want to make their future health and lifestyle decisions if they lose capacity to make those decisions for themselves in the future.*

If a person did not appoint an Enduring Guardian or Attorney and no longer has capacity to do so, or if the Enduring Guardian or Attorney is not able to make decisions in the best interests of the person they represent, an application to NCAT should be considered.

From 1st December 2024, only Substitute Decision Makers with Restrictive Practices authority can give consent to the use of restrictive practices. Anyone with a genuine concern for a person can apply to the Guardianship Division of NCAT to have a guardian and / or financial manager appointed. Information about this process is available on NCAT's website.

Confidentiality Information

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.
- 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.
- 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/

☐ **I agree to authorise the following person(s) to represent me in managing health, lifestyle, financial or legal decisions of my affairs while I am residing in the residential aged care facility.**

Resident's Signature:		**Date:**
OR		
Resident's Substitute Decision Maker (SDM)'s Signature:	**Resident's Substitute Decision Maker (SDM)'s Name (Please Print):**	**Date:**

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

A. Substitute Decision Maker (SDM) for Health and Lifestyle decisions - 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 Substitute Decision Maker

*A **substitute decision-maker (SDM)** for health and lifestyle decisions can be:*

- *A person responsible – only if the decision is about consent to medical or dental treatment.*
- *An enduring guardian – someone the person themselves appointed while they had capacity.*
- *A private guardian – someone appointed by a court or tribunal if the person did not appoint an Enduring Guardian while they had capacity.*
- *The Public Guardian (part of NSW Trustee and Guardian) – appointed as the guardian of last resort by a court or tribunal.*
- *NCAT appointed Substitute Decision Maker - if the decision is about consent to medical or dental treatment*
- *NCAT appointed Restrictive Practice Substitute Decision Maker – if the decision is about consent to restrictive practice.*

*Note; The term **Next of Kin** has no legal standing. A **Substitute Decision-Maker (SDM)** 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 Substitute Decision Maker:	☐ Guardian (please supply copy of proof) ☐ NSW Public Trustee & Guardian (please supply copy of proof) ☐ NCAT appointed Substitute Decision Maker (please supply copy of proof) ☐ Spouse or De facto Spouse		

Please tick appropriate box(s)	☐ Unpaid Carer ☐ Relative – please specify relationship _____ ☐ Friend

I agree to accept responsibility as a ***Substitute Decision Maker for Health and Lifestyle decisions – Primary Contact***. Signature: _____	Date:

Other Remarks:

☐ Tick this box if there is more than 1 ***Substitute Decision Maker for Health and Lifestyle decisions*** and complete the next section.

☐ Tick this box if the ***Substitute Decision Maker for Health and Lifestyle decisions – Primary Contact*** requires support for languages other than English. If so, please specify the language required for spoken / written _____

B. Substitute Decision Maker (SDM) for Health and Lifestyle decisions – Additional Contact – This person will only be contacted for incident notifications or consent for medical and dental treatment if (1) the *Substitute Decision Maker for Health and Lifestyle decisions – Primary Contact* 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 Substitute Decision Maker: Please tick appropriate box(s)	☐ Guardian (please supply copy of document as evidence) ☐ NSW Public Trustee & Guardian (please supply copy of document as evidence) ☐ NCAT appointed Substitute Decision Maker (please supply copy of document as evidence) ☐ Spouse or De facto Spouse ☐ Unpaid Carer ☐ Relative – please specify relationship _____ ☐ Friend		
I agree to accept responsibility as a ***Substitute Decision Maker for Health and Lifestyle decisions – Additional Contact***. Signature: _____			Date:
Other Remarks:			
☐ Tick this box if ***Substitute Decision Maker for Health and Lifestyle decisions – Additional Contact*** requires support for languages other than English. If so, please specify the language required for spoken / written _____			

C. Substitute Decision Maker (SDM) for Financial and/or Legal matters – 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)*

A substitute decision-maker for financial and/or legal decisions can be:

- *an attorney appointed through a Power of Attorney while the person had capacity*
- *a private financial manager – someone appointed by a court or tribunal if the person did not appoint an Enduring Power of Attorney while they had capacity*
- *a private trustee company*
- *NSW Trustee and Guardian – appointed as the financial manager of last resort by a court or tribunal.*

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. ☐ General Power of Attorney (Not valid if the resident has lost capacity) ☐ Enduring Power of Attorney (Remains in force if the resident has lost Capacity) ☐ NSW Public Trustee & Guardian ☐ Private Financial Manager ☐ Private Trustee Company ☐ Relative – please specify relationship _____ ☐ Friend		
I agree to accept responsibility as a ***Substitute Decision Maker for Financial and/or Legal matters – Primary Contact***. Signature: _____			Date:
Other Remarks:			

☐ Tick this box if there is more than 1 ***Substitute Decision Maker for Financial and/or Legal matters*** and complete the next section.

☐ Tick this box if the ***Substitute Decision Maker for Financial and/or Legal matters – Primary Contact requires*** support for languages other than English. If so, please specify the language required for spoken / written

_____.

D. Substitute Decision Maker (SDM) for Financial and/or Legal matters - Additional Contact – This person will only be contacted for consent for financial or legal matters/consents if (1) the *Substitute Decision Maker for Financial and/or Legal matter – Primary* Contact 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. ☐ General Power of Attorney (Not valid if the resident has lost capacity) ☐ Enduring Power of Attorney (Remains in force if the resident has lost Capacity) ☐ NSW Public Trustee & Guardian ☐ Private Financial Manager ☐ Private Trustee Company ☐ Relative – please specify relationship _____ ☐ Friend		
I agree to accept responsibility as a ***Substitute Decision Maker for Financial and/or Legal matters – Additional Contact***. Signature: _____			Date:
Other Remarks:			

☐ Tick this box if the ***Substitute Decision Maker for Financial and/or Legal matters – Additional Contact*** 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:	☐ Professional – please specify _____ ☐ Private – 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:	☐ Professional – please specify _____ ☐ Private – 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 ***Substitute Decision Maker for Health & Lifestyle decisions*** or the ***Substitute Decision Maker for Financial and/or Legal Matters*** please indicate here

- ☐ Substitute Decision Maker for Health & Lifestyle decisions – Primary Contact
- ☐ Substitute Decision Maker for Health & Lifestyle decisions – Additional Contact
- ☐ Substitute Decision Maker for Financial and/or Legal Matters – Primary Contact
- ☐ Substitute Decision Maker for Financial and/or Legal Matters – 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_____ Date _____

☐ Updated in PCS on _____By _____ Date_____