



# APPLICATION FOR DECLARATION

## Office of the Public Advocate – Dispute Resolution Service

For Office Use only	
Received Date	
Client No	
Correspondence No	
Sent to:	

## APPLICATION FOR DECLARATION

*Advance Care Directives Act 2013*

### What is this form for?

Use this form if you are applying for Declaration about an Advance Care Directive

Declarations can be made about

- the nature and scope of a person's powers or responsibilities under the advance care directive
- whether or not a particular act or omission is within the powers, or discharges the responsibilities of, a person under the advance care directive
- a declaration about whether a person has the decision making capacity to make a particular decision
- including EPG

### Who can make this application?

- The person who made the advance care directive
- A substitute decision maker appointed under the advance care directive
- A health practitioner providing, or who is proposing to provide health care to the person who made the advance care directive
- Any other person who satisfies the Public Advocate that he or she has a proper interest in the particular matter relating to the advance care directive

### Lodging the application

If you require assistance a verbal application can be take over the phone or in person at the Office of the Public Advocate.

<b>Mail</b>	<b>Office of the Public Advocate, PO Box 213, Prospect SA 5082</b>
<b>Email</b>	<b>opa@agd.sa.gov.au</b>
<b>Fax</b>	<b>08 8342 8250</b>
<b>Deliver</b>	<b>Level 7, ABC Building, 85 North East Road, Collinswood SA 5081</b>

Telephone (08) 8342 8200

Tollfree SA Country 1800 066 969

# APPLICATION FOR DECLARATION

## Section 1

APPLICANT DETAILS						
Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Other
Name:				First Name		
Address						
Suburb:						
State:			Postcode:			
Email address						
Telephone number:	Home:	Work:		Mobile:		
Who referred you to the OPA service:						
What is your Relationship to the person who made the Advance Care Directive?						
Do you consider this application to be urgent?					Y <input type="checkbox"/>	N <input type="checkbox"/>
If so why						
Signature of Applicant:	Please sign this <u>after</u> you have filled out the document and have read it through to make sure that it is correct.					
	Signature _____					
	Date _____					

# APPLICATION FOR DECLARATION

## Section 2

### DETAILS OF THE PERSON WHO THE APPLICATION IS ABOUT

<b>Title:</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Other
<b>Name:</b>			First Name			
<b>Current Address</b>						
<b>Suburb:</b>						
<b>State:</b>			<b>Postcode:</b>			
<b>Home Address</b>						
<b>Suburb:</b>						
<b>State:</b>			<b>Postcode:</b>			
<b>Contact numbers:</b>	<b>Home:</b>	<b>Work:</b>			<b>Mobile:</b>	
<b>Email address:</b>						
<b>Date of Birth:</b>					<b>Gender</b>	M <input type="checkbox"/> F <input type="checkbox"/>
<b>Has the person made an Advance care directive</b>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<b>If so please provide date</b>			
<b>Areas of authority of the Advance Care Directive:</b>	Health <input type="checkbox"/> Accommodation <input type="checkbox"/> Personal Details <input type="checkbox"/>					
<b>Have you informed the person about making a declaration application</b>	<input type="checkbox"/> Yes – how did they respond (please describe briefly) <input type="checkbox"/> No – why not? (please describe briefly)					
<b>What is the person's view about the application?</b>						
<b>Does the person identify:</b>	<input type="checkbox"/> Aboriginal		<input type="checkbox"/> Torres Strait Islander			
<b>What is the person's country of birth?</b>						

## APPLICATION FOR DECLARATION

Are there any cultural aspects to be considered

Will the person require any special assistance to be involved in the declaration process:

wheelchair / mobility access

for speech impairment

hearing impairment /loss

for vision impairment / loss

interpreter (        ) *Please specify language*

other (please specify below)

Do you think the person is able to take part in the declaration? Please explain why/why not

## APPLICATION FOR DECLARATION

Details of issues that are in dispute

Are there any safety concerns for any of the parties attending mediation? If so please give details (e.g. physical safety / verbal abuse / threats from anyone attending the mediation)

- Declaration about the nature and scope of a person's powers or responsibilities under the advance care directive
- Declaration about whether or not a particular act or omission is within the powers, or discharges the responsibilities of, a person under the advance care directive
- Declaration About Whether A Person Has The Decision Making Capacity To Make A Particular Decision

## APPLICATION FOR DECLARATION

**The Person's decision making capacity must be presumed unless there is evidence to the contrary.** The factors taken into account when considering if a person has decision making capacity include whether or not a person can:

- Understand any information that may be relevant to the decision
- Understand and weigh up the options
- Understand the possible consequences of taking or not taking a particular decision
- Retain the information and remember the decision, even if only for a short period of time
- Communicate the decision in some way

**Before seeking a declaration about the person's capacity to make a specific decision, you must indicate what support you have provided to the person to help them to make their own decision.**

**This application is made because I am still unsure if the person has capacity to make the decision/ decisions after the following factors were taken into account when speaking with the person.**

YES	NO	N/A	<b>a) Giving the person the relevant</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consideration was given as to who would be best to have the conversation with the person about the decision. This was
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	time was taken to explain anything that is relevant or might help the person to make the decision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The person wasn't overloaded with more information than necessary
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any foreseeable risks and benefits were explained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information about choices and options was given in a balanced way
YES	NO	N/A	<b>b) Communication</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I considered the best time to communicate with the person and chose this time to have the conversation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It was necessary to have more than one conversation with the person about the decision to be made
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(If the person has hearing difficulties) I ensured that appropriate aids were used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(If the person required an interpreter, including for sign language) I ensured that an interpreter assisted to translate the conversation between myself and the person
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	simple language was used - no jargon or complex medical terms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(If appropriate, I used pictures and objects to communicate with the person
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the information was given at an appropriate speed and volume
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	one question at a time was asked and time was given for a response before continuing

## APPLICATION FOR DECLARATION

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cultural and religious factors which might influence the person's way of thinking, communicating and behaving were taken into consideration
<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>c) Location</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The discussion took place in a location where the person felt most at ease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The discussion was in a quiet place where interruptions were unlikely and without background noise
<b>Indicate any other steps taken to support the person to make their own decision?</b>			
<b>Did the person understand the information that was relevant to the decision?</b>			
<b>Y</b>	<b>N</b>	<b>Unsure</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Could the person understand and weigh up the options?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Could the person understand the possible consequences of taking or not taking the decision?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Could the person retain and remember the decision even if only for a short period of time?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Could the person communicate the decision in some way?

## APPLICATION FOR DECLARATION

Have you obtained any reports by medical, psychiatric or other professionals that give details about the person's decision making capacity Yes  No

If so, provide details of these and attach copies to this application. If you are not able to attach copies, please state why.

Name of person who wrote report

Address

Date report written

Name of person who wrote report

Address

Date report written

Name of person who wrote report

Address

Date report written

Name of person who wrote report

Address

Date report written



# APPLICATION FOR DECLARATION

## Section 3      DETAILS OF ANY SUBSTITUTE DECISION MAKERS APPOINTED BY THE PERSON

<b>Title:</b>	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other
<b>Name:</b>				First Name		
<b>Address</b>						
<b>Suburb:</b>						
<b>State:</b>				<b>Postcode:</b>		
<b>Email address</b>						
<b>Telephone number:</b>	<b>Home:</b>		<b>Work:</b>		<b>Mobile:</b>	
<b>Relationship to the person</b>						
<b>Have they been informed of the application:</b>				<input type="checkbox"/> Yes		<input type="checkbox"/> No
<b>Title:</b>	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other
<b>Name:</b>				First Name		
<b>Address</b>						
<b>Suburb:</b>						
<b>State:</b>				<b>Postcode:</b>		
<b>Email address</b>						
<b>Telephone number:</b>	<b>Home:</b>		<b>Work:</b>		<b>Mobile:</b>	
<b>Relationship to the person</b>						
<b>Have they been informed of the application:</b>				<input type="checkbox"/> Yes		<input type="checkbox"/> No

# APPLICATION FOR DECLARATION

## DETAILS OF ANY SUBSTITUTE DECISION MAKER(S) THROUGH AN ADVANCE CARE DIRECTIVE continued

<b>Title:</b>	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other
<b>Name:</b>				First Name		
<b>Address</b>						
<b>Suburb:</b>						
<b>State:</b>			<b>Postcode:</b>			
<b>Email address</b>						
<b>Telephone number:</b>	<b>Home:</b>	<b>Work:</b>	<b>Mobile:</b>			
<b>Relationship to the person</b>						
<b>Have they been informed of the application:</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
<b>Title:</b>	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other
<b>Name:</b>				First Name		
<b>Address</b>						
<b>Suburb:</b>						
<b>State:</b>			<b>Postcode:</b>			
<b>Email address</b>						
<b>Telephone number:</b>	<b>Home:</b>	<b>Work:</b>	<b>Mobile:</b>			
<b>Relationship to the person</b>						
<b>Have they been informed of the application:</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No			

## APPLICATION FOR DECLARATION

### SECTION INFORMATION ABOUT OTHER PEOPLE WITH A PROPER INTEREST

Give details of anyone with an interest in this application, even if they oppose it.

<b>Title:</b>	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other
<b>Name:</b>				First Name		
<b>Address</b>						
<b>Suburb:</b>						
<b>State:</b>			<b>Postcode:</b>			
<b>Email address</b>						
<b>Telephone number:</b>	<b>Home:</b>	<b>Work:</b>	<b>Mobile:</b>			
<b>Relationship to the person</b>						
<b>Have they been informed of the application:</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Title:</b>	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other
<b>Name:</b>				First Name		
<b>Address</b>						
<b>Suburb:</b>						
<b>State:</b>			<b>Postcode:</b>			
<b>Email address</b>						
<b>Telephone number:</b>	<b>Home:</b>	<b>Work:</b>	<b>Mobile:</b>			
<b>Relationship to the person</b>						
<b>Have they been informed of the application:</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No		

## APPLICATION FOR DECLARATION

### SECTION INFORMATION ABOUT OTHER PEOPLE WITH A PROPER INTEREST

Give details of anyone with an interest in this application, even if they oppose it.

<b>Title:</b>	<b>Dr</b> <input type="checkbox"/>	<b>Mr</b> <input type="checkbox"/>	<b>Mrs</b> <input type="checkbox"/>	<b>Ms</b> <input type="checkbox"/>	<b>Miss</b> <input type="checkbox"/>	<b>Other</b>
<b>Name:</b>				<b>First Name</b>		
<b>Address</b>						
<b>Suburb:</b>						
<b>State:</b>				<b>Postcode:</b>		
<b>Email address</b>						
<b>Telephone number:</b>	<b>Home:</b>		<b>Work:</b>		<b>Mobile:</b>	
<b>Relationship to the person</b>						
<b>Have they been informed of the application:</b>				<input type="checkbox"/> Yes		<input type="checkbox"/> No
<b>Title:</b>	<b>Dr</b> <input type="checkbox"/>	<b>Mr</b> <input type="checkbox"/>	<b>Mrs</b> <input type="checkbox"/>	<b>Ms</b> <input type="checkbox"/>	<b>Miss</b> <input type="checkbox"/>	<b>Other</b>
<b>Name:</b>				<b>First Name</b>		
<b>Address</b>						
<b>Suburb:</b>						
<b>State:</b>				<b>Postcode:</b>		
<b>Email address</b>						
<b>Telephone number:</b>	<b>Home:</b>		<b>Work:</b>		<b>Mobile:</b>	
<b>Relationship to the person</b>						
<b>Have they been informed of the application:</b>				<input type="checkbox"/> Yes		<input type="checkbox"/> No

## APPLICATION FOR DECLARATION

<b>Title:</b>	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="text"/> Other
<b>Name:</b>	<input type="text"/>			<input type="text"/> First Name	<input type="text"/>	
<b>Address</b>	<input type="text"/>					
<b>Suburb:</b>	<input type="text"/>					
<b>State:</b>	<input type="text"/>		<b>Postcode:</b>	<input type="text"/>		
<b>Email address</b>	<input type="text"/>					
<b>Telephone number:</b>	<b>Home:</b>		<b>Work:</b>		<b>Mobile:</b>	
<b>Relationship to the person</b>						
<b>Have they been informed of the application:</b>			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Title:</b>	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="text"/> Other
<b>Name:</b>	<input type="text"/>			<input type="text"/> First Name	<input type="text"/>	
<b>Address</b>	<input type="text"/>					
<b>Suburb:</b>	<input type="text"/>					
<b>State:</b>	<input type="text"/>		<b>Postcode:</b>	<input type="text"/>		
<b>Email address</b>	<input type="text"/>					
<b>Telephone number:</b>	<b>Home:</b>		<b>Work:</b>		<b>Mobile:</b>	
<b>Relationship to the person</b>						
<b>Have they been informed of the application:</b>			<input type="checkbox"/> Yes		<input type="checkbox"/> No	