



Western Australia

Guardianship and Administration Act 1990

# **Guardianship and Administration Regulations 2005**

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# Guardianship and Administration Regulations 2005

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## **Guardianship and Administration Regulations 2005**

### **Part 1 — Preliminary matters**

*[Heading inserted: Gazette 15 Sep 2009 p. 3583.]*

**1. Citation**

These regulations are the *Guardianship and Administration Regulations 2005*.

**2. Commencement**

These regulations come into operation on the day on which the *State Administrative Tribunal (Conferral of Jurisdiction) Amendment and Repeal Act 2004* Part 2 Division 56 comes into operation or on the day of their publication in the *Gazette*, whichever is the later.

## **Part 2 — Estate administration**

*[Heading inserted: Gazette 15 Sep 2009 p. 3583.]*

### **3. Information as to administrator and estate**

An administrator must, within 4 weeks of being appointed, provide the Public Trustee with information as to the administrator, the represented person and the estate in a duly completed form approved by the Public Trustee.

Penalty: \$1 000.

### **4. Examination of accounts**

- (1) Unless the Public Trustee otherwise allows, an administrator must lodge with the Public Trustee accounts in relation to an estate administered by the administrator set out in a form approved by the Public Trustee within 4 weeks of the due date approved by the Public Trustee.

Penalty: \$1 000.

- (2) An administrator must retain documents relating to the financial transactions of the estate and submit them to the Public Trustee if so required.

Penalty: \$1 000.

- (3) Unless the Public Trustee otherwise allows, if a person ceases to be the administrator of the estate of a represented person upon —

- (a) the making of an order by the State Administrative Tribunal under the Act; or
- (b) the death of the represented person,

that person must, within 4 weeks of the day on which the order was made or the represented person died, lodge with the Public Trustee accounts in a form approved by the Public Trustee.

Penalty: \$1 000.

**5. False or misleading information**

A person who provides information under regulation 3 or 4(1) or (3) which the person knows to be false or misleading in a material particular commits an offence.

Penalty: \$1 000.

**Part 3 — Enduring powers of guardianship and advance health directives**

*[Heading inserted: Gazette 15 Sep 2009 p. 3584.]*

**6. Enduring power of guardianship (Schedule 1)**

The form prescribed for an enduring power of guardianship is the form in Schedule 1.

*[Regulation 6 inserted: Gazette 15 Sep 2009 p. 3584.]*

**7. Advance health directive (Schedule 2)**

The form prescribed for an advance health directive is the form in Schedule 2.

*[Regulation 7 inserted: Gazette 15 Sep 2009 p. 3584.]*

**8. Status of notes in forms**

Notes in, and footnotes at the end of, a form in Schedule 1 or 2 are provided to assist in the completion of the form and are not part of the form.

*[Regulation 8 inserted: Gazette 15 Sep 2009 p. 3584.]*



**Part 4 — Transitional provisions for *Guardianship and Administration Amendment Regulations 2022***

*[Heading inserted: SL 2022/102 r. 4.]*

**9. Advance health directive form during transitional period**

- (1) In this regulation —  
***commencement day*** means 4 August 2022;  
***former regulations*** means these regulations as in force immediately before commencement day;  
***transitional period*** means the period of 6 months beginning on commencement day.
- (2) During the transitional period, each of the following is the form prescribed for an advance health directive —
- (a) the form in Schedule 2;
  - (b) the form in Schedule 2 of the former regulations.

*[Regulation 9 inserted: SL 2022/102 r. 4.]*

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## Schedule 1 — Enduring power of guardianship form

[r. 6]

[Heading inserted: Gazette 15 Sep 2009 p. 3584.]

### Enduring Power of Guardianship

*Notes:*

- *To make an enduring power of guardianship, you must be 18 years of age or older and have full legal capacity.<sup>1</sup>*
- *A person who makes an enduring power of guardianship is called “the appointor”.*

This enduring power of guardianship is made under the *Guardianship and Administration Act 1990* Part 9A on

the ..... day of ..... 20.....

by .....  
(appointor’s full name)

of .....  
(appointor’s residential address)

born on .....  
(appointor’s date of birth)

This enduring power of guardianship has effect, subject to its terms, at any time I am unable to make reasonable judgments in respect of matters relating to my person.

#### **1. Appointment of enduring guardian(s)**

*Notes for section 1:*

- *You can only appoint a person to be your enduring guardian if that person is 18 years of age or older and has full legal capacity.<sup>2</sup>*
- *If you want to appoint only one person to be your enduring guardian, complete section 1A and cross out and initial section 1B.<sup>3</sup>*
- *If you want to appoint 2 people to be your joint enduring guardians, cross out and initial section 1A and complete section 1B.<sup>4</sup>*

- *If you want to appoint more than 2 people to be your joint enduring guardians, cross out and initial section 1A, complete section 1B for 2 of the people and include the details of the additional people in an attachment to this form.*
- *Joint enduring guardians must make unanimous decisions.*<sup>5</sup>

**1A. Sole enduring guardian**

I appoint .....  
(appointee's full name)  
of .....  
(appointee's residential address)  
to be my enduring guardian.

**OR**

**1B. Joint enduring guardians**

I appoint .....  
(appointee's full name)  
of .....  
(appointee's residential address)  
and .....  
(appointee's full name)  
of .....  
(appointee's residential address)  
to be my joint enduring guardians.

**2. Appointment of substitute enduring guardian(s)**

*Notes for section 2:*

- *You may appoint one or more people (called "substitute enduring guardians") to act instead of your sole enduring guardian or to act instead of one or more of your joint enduring guardians.*<sup>6</sup>
- *You can only appoint a person to be a substitute enduring guardian if that person is 18 years of age or older and has full legal capacity.*<sup>2</sup>

- *You must specify the circumstances in which the substitute enduring guardian(s) is (are) to act. For example —*
  - (a) *if my sole enduring guardian A dies or becomes incapacitated, my substitute enduring guardian X is to be my sole enduring guardian;*
  - (b) *if one of my joint enduring guardians B and C dies or becomes incapacitated, the remaining enduring guardian and my substitute enduring guardian Y are to be my joint enduring guardians.*
- *If you do not want to appoint any substitute enduring guardians, cross out and initial section 2.*

I appoint .....  
*(appointee's full name)*

of .....  
*(appointee's residential address)*

to be my substitute enduring guardian in substitution  
of .....  
*(enduring guardian's name)*

I appoint .....  
*(appointee's full name)*

of .....  
*(appointee's residential address)*

to be my substitute enduring guardian in substitution  
of .....  
*(enduring guardian's name)*

My substitute enduring guardian(s) is (are) to be my enduring guardian(s) in the following circumstances:

.....  
.....  
.....

### 3. Death of joint enduring guardian

*Notes for section 3:*

- *If you are appointing only one person to be your enduring guardian, cross out and initial sections 3A and 3B.*
- *If you are appointing 2 or more people to be your joint enduring guardians and you want the surviving enduring guardian(s) to act if a joint enduring guardian dies, cross out and initial section 3B.<sup>7</sup>*
- *If you are appointing 2 or more people to be your joint enduring guardians but you do not want the surviving enduring guardian(s) to act if a joint enduring guardian dies, cross out and initial section 3A.<sup>7</sup>*

#### 3A. Surviving joint enduring guardians to act

If one or more of my joint enduring guardians die, I want the surviving enduring guardian(s) to act.

**OR**

#### 3B. Surviving joint enduring guardians not to act

If one or more of my joint enduring guardians die, I do not want the surviving enduring guardian(s) to act.

### 4. Functions of enduring guardian(s)

*Notes for section 4:*

- *If you do not want to limit the functions that your enduring guardian(s) can perform, cross out and initial section 4B.<sup>8</sup>*
- *If you want to limit the functions that your enduring guardian(s) can perform, cross out and initial section 4A and complete section 4B.<sup>9</sup>*
- *If you do not want your enduring guardian(s) to perform a function specified in paragraphs (a) to (i) of section 4B, cross out and initial the paragraph.*
- *If you want your enduring guardian(s) to perform a function that is not specified in paragraphs (a) to (i) of section 4B, specify the function in another paragraph.*

- *Your enduring guardian(s) cannot perform any of the following functions on your behalf —*<sup>10</sup>
  - (a) *make decisions about your property or estate;*
  - (b) *vote in an election;*
  - (c) *make or change your will without an order from the Supreme Court;*
  - (d) *consent to an adoption;*
  - (e) *consent to your sterilisation without the State Administrative Tribunal's consent;*
  - (f) *consent to the marriage of a person who is under 18 years of age.*
- *If you make an advance health directive that applies to any treatment, your enduring guardian(s) cannot consent or refuse consent on your behalf to that treatment.*<sup>11</sup>

**4A. All functions authorised**

I authorise my enduring guardian(s) to perform in relation to me all of the functions of an enduring guardian, including making all decisions about my health care and lifestyle.

**OR**

**4B. Only specified functions authorised**

I authorise my enduring guardian(s) to perform in relation to me only the following functions —

- (a) decide where I am to live, whether permanently or temporarily;
- (b) decide with whom I am to live;
- (c) decide whether I should work and, if so, any matters related to my working;
- (d) consent, or refuse consent, on my behalf to any medical, surgical or dental treatment or other health care (including palliative care and life sustaining measures such as assisted ventilation and cardiopulmonary resuscitation);<sup>12</sup>

- (e) decide what education and training I am to receive;
- (f) decide with whom I am to associate;
- (g) commence, defend, conduct or settle on my behalf any legal proceedings except proceedings relating to my property or estate;
- (h) advocate for, and make decisions about, which support services I should have access to;
- (i) seek and receive information on my behalf from any person, body or organisation;
- (j) .....
- .....
- (k) .....
- .....

**5. Circumstances in which enduring guardian(s) may act**

*Notes for section 5:*

- *If you do not want to limit the circumstances in which your enduring guardian(s) may act, cross out and initial section 5.*
- *If you want to limit the circumstances in which your enduring guardian(s) may act, you must specify the circumstances.<sup>13</sup> For example, for as long as my enduring guardian(s) live(s) in the same city or town as me.*

My enduring guardian(s) may act only in the following circumstances:

.....

.....

.....

**6.      Directions about how enduring guardian(s) to perform functions**

*Notes for section 6:*

- *If you do not want to include any directions about how your enduring guardian(s) is (are) to perform his/her (their) functions, cross out and initial section 6.*
- *If you want to include any directions about how your enduring guardian(s) is (are) to perform his/her (their) functions, you must specify the directions.<sup>14</sup> For example —*
  - (a) if I need to be moved into a residential care facility, do not move me into XYZ Nursing Home;*
  - (b) I would prefer to continue seeing my current GP, Dr C.D., for my general medical needs because she has been my GP for many years;*
  - (c) if possible, all of my children are to be consulted before any major decisions are made on my behalf.*

My enduring guardian(s) is (are) to perform his/her (their) functions in accordance with the following directions:

.....

.....

.....

*Notes for appointor about signing and witnessing:*

- *If you are physically incapable of signing this enduring power of guardianship, you can ask another person to sign for you. You must be present when the person signs for you.<sup>15</sup>*
- *Two (2) witnesses must be present when you sign this enduring power of guardianship or when another person signs for you.<sup>16</sup>*
- *Each of the witnesses must be 18 years of age or older and cannot be you, the person signing for you (if applicable) or an appointee.*
- *At least one of the witnesses must be authorised to witness statutory declarations. For a list of people who are authorised to witness statutory declarations, see the Oaths, Affidavits and Statutory Declarations Act 2005.<sup>17</sup>*



- *The witnesses must also sign this enduring power of guardianship. Both witnesses must be present when each of them signs. You and the person signing for you (if applicable) must also be present when the witnesses sign.*<sup>16</sup>

Signed by:

.....  
*(appointor's signature)*

Witnessed by a person authorised to witness statutory declarations:

.....  
*(authorised witness's signature)*

.....  
*(authorised witness's full name)*

.....  
*(authorised witness's address)*

.....  
*(occupation of authorised witness)*

.....  
*(date)*

and by another person:

.....  
*(other witness's signature)*

.....  
*(other witness's full name)*

.....  
*(other witness's address)*

.....  
*(date)*

**Optional statement about advance health directive**

*Notes about statement:*

- *If you wish to indicate that you have made an advance health directive, put a tick (✓) or cross (✗) in the box next to the statement.*
- *You do not have to say anything in this enduring power of guardianship about whether or not you have made an advance health directive. You can leave the box next to the statement blank.*

I have made an advance health directive

*Notes for appointee(s) about signing and witnessing:*

- *Each appointee must sign an acceptance to indicate the appointee's acceptance of the appointment.<sup>18</sup>*
- *Two (2) witnesses must be present when an appointee signs the acceptance.<sup>19</sup>*
- *The appointor does not have to be present when an appointee signs the acceptance.*
- *Each of the witnesses must be 18 years of age or older and cannot be the appointor, the person signing for the appointor (if applicable) or an appointee.*
- *At least one of the witnesses must be authorised to witness statutory declarations. For a list of people who are authorised to witness statutory declarations, see the Oaths, Affidavits and Statutory Declarations Act 2005.<sup>17</sup>*
- *The witnesses must also sign the acceptance. Both witnesses must be present when each of them signs. The appointee must also be present when the witnesses sign.<sup>19</sup>*
- *The appointees can sign at the same time or at different times. Different witnesses can witness each appointee's signature.*

**Acceptance of appointment as enduring guardian**

I, .....  
(name of appointee)

accept the appointment as an enduring guardian.

Signed by:

.....  
*(appointee's signature)*

.....  
*(date)*

Witnessed by a person authorised to witness statutory declarations:

.....  
*(authorised witness's signature)*

.....  
*(authorised witness's full name)*

.....  
*(authorised witness's address)*

.....  
*(occupation of authorised witness)*

.....  
*(date)*

and by another person:

.....  
*(other witness's signature)*

.....  
*(other witness's full name)*

.....  
*(other witness's address)*

.....  
*(date)*

**Acceptance of appointment as enduring guardian**

I, .....  
*(name of appointee)*

accept the appointment as an enduring guardian.

Signed by:

.....  
*(appointee's signature)*

.....  
*(date)*

Witnessed by a person authorised to witness statutory declarations:

.....  
*(authorised witness's signature)*

.....  
*(authorised witness's full name)*

.....  
*(authorised witness's address)*

.....  
*(occupation of authorised witness)*

.....  
*(date)*

and by another person:

.....  
*(other witness's signature)*

.....  
*(other witness's full name)*

.....  
*(other witness's address)*

.....  
*(date)*

**Acceptance of appointment as substitute enduring guardian**

I, .....  
*(name of appointee)*

accept the appointment as a substitute enduring guardian.

Signed by:

.....  
*(appointee's signature)*

.....  
*(date)*

Witnessed by a person authorised to witness statutory declarations:

.....  
*(authorised witness's signature)*

.....  
*(authorised witness's full name)*

.....  
*(authorised witness's address)*

.....  
*(occupation of authorised witness)*

.....  
*(date)*

and by another person:

.....  
*(other witness's signature)*

.....  
*(other witness's full name)*

.....  
*(other witness's address)*

.....  
*(date)*

**Acceptance of appointment as substitute enduring guardian**

I, .....  
*(name of appointee)*

accept the appointment as a substitute enduring guardian.

Signed by:

.....  
*(appointee's signature)*

.....  
*(date)*

Witnessed by a person authorised to witness statutory declarations:

.....  
*(authorised witness's signature)*

.....  
*(authorised witness's full name)*

.....  
*(authorised witness's address)*

.....  
*(occupation of authorised witness)*

.....  
*(date)*

and by another person:

.....  
*(other witness's signature)*

.....  
*(other witness's full name)*

.....  
*(other witness's address)*

.....  
*(date)*

- 
- <sup>1</sup> *Guardianship and Administration Act 1990 (GAA Act) s. 110B*  
<sup>2</sup> *GAA Act s. 110D*  
<sup>3</sup> *GAA Act s. 110B(a)*  
<sup>4</sup> *GAA Act s. 110B(b)*  
<sup>5</sup> *GAA Act s. 53(a) as applied by s. 110H(b)*  
<sup>6</sup> *GAA Act s. 110C*

- 7 GAA Act s. 54 as applied by s. 110H(c)
- 8 GAA Act s. 110G(1)
- 9 GAA Act s. 110G(2)
- 10 GAA Act s. 110G(1)
- 11 GAA Act s. 110ZJ
- 12 GAA Act s. 3(1), definitions of *life sustaining measure, palliative care* and *treatment*
- 13 GAA Act s. 110G(3)
- 14 GAA Act s. 110G(4)
- 15 GAA Act s. 110E(1)(b)
- 16 GAA Act s. 110E(1)(c) and (d) and (2)
- 17 *Oaths, Affidavits and Statutory Declarations Act 2005* s. 12(6) and Sch. 2
- 18 GAA Act s. 110E(1)(e)
- 19 GAA Act s. 110E(1)(f) and (g) and (2)

*[Schedule 1 inserted: Gazette 15 Sep 2009 p. 3584-93; amended:  
Gazette 18 Dec 2009 p. 5169.]*

## **Schedule 2 — Advance health directive form**

[r. 7]

[Heading inserted: SL 2022/102 r. 5.]

<b>ADVANCE HEALTH DIRECTIVE FORM</b>
--------------------------------------

**This form is for people who want to make an Advance Health Directive in Western Australia.**

**To make an Advance Health Directive, you must be 18 years or older and have full legal capacity.** Your Advance Health Directive is about your future treatment. It will only come into effect if you are unable to make reasonable judgments or decisions at a time when you require treatment.

- ✦ Part 4, marked with this symbol, contains your treatment decisions. If you choose not to make any treatment decisions in Part 4, then the document is not considered a valid Advance Health Directive under the *Guardianship and Administration Act 1990*.

**Please tick the box below to indicate that by making this Advance Health Directive you revoke all prior Advance Health Directives completed by you.**

- In making this Advance Health Directive, I revoke all prior Advance Health Directives made by me.

This form includes instructions to help you complete your Advance Health Directive. For more information on how to complete the form and to see examples, please read *A Guide to Making an Advance Health Directive in Western Australia*.

Before you make your Advance Health Directive, you are encouraged to seek legal and/or medical advice, and to discuss your decisions with family and close friends. It is important that people close to you know that you have made an Advance Health Directive and where to find it. Once you complete your Advance Health Directive, it is recommended that you:

- store the original in a safe and accessible place and tell your close family and friends that you have made an Advance Health Directive and where to find it
-



- upload a copy of your Advance Health Directive to your My Health Record — this will ensure that your Advance Health Directive is available to your treating doctors if it is needed
- give a copy of your Advance Health Directive to health professionals regularly involved in your health care (for example, your General Practitioner (GP), a hospital you attend regularly, and/or other health professionals involved in your care).

This form must be completed in English. If English is not your first language, you may need help to understand and complete this form. Contact the National Accreditation Authority for Translators and Interpreters for help.

**PART 1: MY PERSONAL DETAILS**

**You must complete this part**

<p>You <b>must</b> complete Part 1.</p> <p>You <b>must</b> include the date, your full name, date of birth and address.</p>	<p>This Advance Health Directive is made under the <i>Guardianship and Administration Act 1990</i> Part 9B on the ..... of ....., .....</p> <p style="text-align: center;">(day)      (month)      (year)</p> <p>by .....</p> <p style="text-align: center;">(name)</p>
---	---

Full name			
Date of birth			
Address			
	<i>(suburb)</i>	WA	<i>(postcode)</i>
Phone number			
Email			

<b>PART 2: MY HEALTH</b>	
<b>2.1 My major health conditions</b>	
<p>Use Part 2.1 to list details about your major health conditions (physical and/or mental).</p> <p>Cross out Part 2.1 if you do not want to complete it.</p>	<p>Please list any major health conditions below:</p>

<b>2.2 When talking with me about my health, these things are important to me</b>	
<p>Use Part 2.2 to provide information about what is important to you when talking about your treatment.</p> <p>This might include:</p> <ul style="list-style-type: none"><li>• How much you like to know about your health conditions</li><li>• What you need to help you make decisions about treatment</li><li>• Whether you like to have certain family members with you when receiving information from your health professionals</li></ul> <p>Cross out Part 2.2 if you do not want to complete it.</p>	<p>Please describe what is important to you when talking to health professionals about your treatment:</p>

### PART 3: MY VALUES AND PREFERENCES

This part encourages you to think about your values and preferences relating to your health and care now and into the future. This may help you to decide what treatment decisions you want to make in Part 4: My Advance Health Directive Treatment Decisions.

In this part, you are not making decisions about your future treatment. Use Part 4 to make decisions about your future treatment.

**Cross out any parts that you do not want to complete.**

#### 3.1 These things are important to me

**Use Part 3.1 to provide information about what “living well” means to you now and into the future.**

This might include:

- What the most important things in your life are
- What “living well” means to you

**Cross out Part 3.1 if you do not want to complete it.**

**Please describe what “living well” means to you now and into the future. Use the space below and/or tick which boxes are important for you.**

Please describe:

- Spending time with family and friends
- Living independently
- Being able to visit my home town, country of origin, or spending time on country
- Being able to care for myself (e.g. showering, going to the toilet, feeding myself)
- Keeping active (e.g. playing sport, walking, swimming, gardening)
- Enjoying recreational activities, hobbies and interests (e.g. music, travel, volunteering)
- Practising religious, cultural, spiritual and/or community activities (e.g. prayer, attending religious services)

	<input type="checkbox"/> Living according to my cultural and religious values (e.g. eating halal, kosher foods only) <input type="checkbox"/> Working in a paid or unpaid job
--	--

**3.2 These are things that worry me when I think about my future health**

**Use Part 3.2 to provide information about things that worry you about your future health.**

This might include:

- Being in constant pain
- Not being able to make your own decisions
- Not being able to care for yourself

**Cross out Part 3.2 if you do not want to complete it.**

**Please describe any worries you have about the outcomes of future illness or injury:**

**3.3 When I am nearing death, this is where I would like to be**

**Use Part 3.3 to indicate where you would like to be when you are nearing death.**

When you are nearing death, do you have a preference of where you would like to spend your last days or weeks?

**Please indicate where you would like to be when you are nearing death. Tick the option that applies to you. You can provide more detail about the option you choose in the space below.**

- I want to be at home — where I am living at the time
- I do not want to be at home — provide more details below

<p><b>Cross out Part 3.3 if you do not want to complete it.</b></p>	<p><input type="checkbox"/> I do not have a preference — I would like to be wherever I can receive the best care for my needs at the time</p> <p><input type="checkbox"/> Other — please specify:</p> <p>Please provide more detail about your choice:</p>
---	--

**3.4 When I am nearing death, these things are important to me**

<p><b>Use Part 3.4 to provide information about what is important to you when you are nearing death.</b></p> <p>This might include:</p> <ul style="list-style-type: none"> <li>• What would comfort you when you are dying</li> <li>• Who you would like around you</li> </ul> <p><b>Cross out Part 3.4 if you do not want to complete it.</b></p>	<p><b>Please describe what is important to you and what would comfort you when you are nearing death. Use the space below and/or tick which boxes are important for you.</b></p> <p>Please describe:</p> <p><input type="checkbox"/> I do not want to be in pain, I want my symptoms managed, and I want to be as comfortable as possible <i>(Please provide details of what being comfortable means to you)</i></p> <p><input type="checkbox"/> I want to have my loved ones and/or pets around me <i>(Please provide details of who you would like with you)</i></p>
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	<ul style="list-style-type: none"><li><input type="checkbox"/> It is important to me that cultural or religious traditions are followed <i>(Please provide details of any specific traditions that are important for you)</i></li> <li><input type="checkbox"/> I want to have access to pastoral/spiritual care <i>(Please provide details of what is important for you)</i></li> <li><input type="checkbox"/> My surroundings are important to me (e.g. quiet, music, photographs) <i>(Please provide details of what is important for you)</i></li></ul>
--	---

**PART 4: MY ADVANCE HEALTH DIRECTIVE**



**TREATMENT DECISIONS**

This part of your Advance Health Directive contains treatment decisions in respect of your future treatment. A **treatment** is any medical or surgical treatment (including palliative care or life-sustaining measures such as assisted ventilation and cardiopulmonary resuscitation), dental treatment, or other health care.

A **treatment decision** in an Advance Health Directive is a decision to consent or refuse consent to the commencement or continuation of any treatment and includes a decision to consent or refuse consent to the commencement or continuation of the person's participation in medical research. This decision applies at any time you are unable to make reasonable judgments in respect of that treatment.

Treatment you consent to in this Advance Health Directive can be provided to you. Treatment you refuse consent to in this Advance Health Directive cannot be provided to you. Your enduring guardian or guardian or another person

cannot consent or refuse consent on your behalf to any treatment to which this Advance Health Directive applies.

It is recommended that you discuss your treatment decisions with your doctor before completing this part.

**Cross out any parts that you do not want to complete.**

**You MUST make at least one treatment decision in Part 4 to make a valid Advance Health Directive.**

#### 4.1 Life-sustaining treatment decisions

**Use Part 4.1 to indicate your instructions for future life-sustaining treatments.**

You can give an overall instruction or list individual treatments that you consent or refuse consent to receiving in the future. You can also list circumstances in which you consent or refuse consent to a particular treatment.

Life-sustaining treatments are treatments used to keep you alive or to delay your death.

Read all options before making a decision. The options are over two pages.

**Cross out Part 4.1 if you do not want to complete it.**

**If I do not have the capacity to make or communicate treatment decisions about my health care in the future, I make the following decisions about life-sustaining treatment:**

(Tick **only one** of the following options. If you choose Option 4, complete the table overleaf).

**Option 1**  **I consent to all** treatments aimed at sustaining or prolonging my life.

**OR**

**Option 2**  **I consent to all** treatments aimed at sustaining or prolonging my life **unless** it is apparent that I am so unwell from injury or illness that there is no reasonable prospect that I will recover to the extent that I can survive without continuous life-sustaining treatments. In such a situation, I withdraw consent to life-sustaining treatments.

**OR**

**Option 3**  **I refuse consent to all** treatments aimed at sustaining or prolonging my life.

<p><b>You MUST make at least one treatment decision in Part 4 to make a valid Advance Health Directive.</b></p>	<p><b>OR</b></p> <p><b>Option 4</b> <input type="checkbox"/> <b>I make the following decisions about specific life-sustaining treatments as listed in the table below.</b> <i>(Tick a box in each row of the table)</i></p> <p><b>OR</b></p> <p><b>Option 5</b> <input type="checkbox"/> <b>I cannot decide at this time</b></p>
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**Please complete this table if you have ticked Option 4 above.**

**If you have ticked Option 1, 2, 3 or 5, do not complete this table.**

This table lists some common life-sustaining treatments. Use the boxes to indicate which treatments you consent or refuse consent to receiving. You can also list circumstances in which you consent to treatment. There is also space for you to add any life-sustaining treatments not listed here.

Tick one box per row in the table below.

If you choose Option B for any treatments, please specify the circumstances in which you consent to the treatment.

Life-sustaining treatment	A.	B.	C.	D.
	I consent to this treatment in all circumstances	I consent to this treatment in the following circumstances	I refuse consent to this treatment in all circumstances	I cannot decide at this time
<b>CPR</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiopulmonary resuscitation		In which circumstances do you consent to this treatment?		



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<b>Assisted ventilation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A machine that helps you breathe using a face mask or tube					In which circumstances do you consent to this treatment?

---

<b>Artificial hydration</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fluids given via a tube into a vein, tissues or the stomach					In which circumstances do you consent to this treatment?

---

<b>Artificial nutrition</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A feeding tube through the nose or stomach					In which circumstances do you consent to this treatment?

---

<b>Receiving blood products such as a blood transfusion</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					In which circumstances do you consent to this treatment?

---

<b>Antibiotics</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs that are used to treat infection					In which circumstances do you consent to this treatment?

---

**Use the boxes below to list any other life-sustaining treatments you do/do not consent to receive:**

---

<b>Other life-sustaining treatment (1)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	In which circumstances do you consent to this treatment?				
State the treatment:					
.....					

<b>Other life-sustaining treatment (2)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	In which circumstances do you consent to this treatment?				
State the treatment:					
.....					

<b>4.2 Other treatment decisions</b>		
<p><b>Use Part 4.2 to indicate your decisions for other (non-life-sustaining) treatments.</b></p> <p>There are a range of other treatments that may be options for you in the future.</p> <p>Examples include treatments for mental health (e.g. electroconvulsive therapy) and drugs used to prevent certain health conditions</p>	<b>Health circumstances</b>	<b>My treatment decisions</b>

<p>(e.g. aspirin, cholesterol treatments).</p> <p>When making a treatment decision, list the circumstances in which you want your decision to apply (e.g. in all circumstances, or specify particular circumstances).</p> <p>A treatment decision only applies in the circumstances you specify.</p> <p>Please ensure that you indicate in the “My treatment decisions” column whether you consent or refuse consent to any treatment you refer to.</p> <p>If you need more space, use the template in the <i>Guide to Making an Advance Health Directive in Western Australia</i> and attach it to your Advance Health Directive form.</p> <p><b>Cross out Part 4.2 if you do not want to complete it.</b></p> <p><b>You MUST make at least one treatment decision in Part 4 to make a valid Advance Health Directive.</b></p>		
	<input type="checkbox"/> I have made more treatment decisions using the template and attached ..... ( <i>specify number of pages</i> ) additional pages.	

**4.3 Medical research**



**Use Part 4.3 to provide treatment decisions about the medical research activities you consent or refuse consent to take part in, and any circumstances in which these decisions apply.**

Taking part in medical research may be an option for you even if you are unable to make or communicate decisions.

A treatment decision may include deciding whether to start or continue to take part in medical research. Your involvement in medical research, and any treatments you receive as part of the medical research, must be consistent with what you have agreed in your Advance Health Directive. The decisions you make in your Advance Health Directive about participating in medical research only operate while you are alive.

If you do not make a decision about participation in medical research, Part 9E of the *Guardianship and Administration Act 1990* will operate as to how decisions will be made about participation in medical research.

**Cross out Part 4.3 if you do not want to complete it.**

**You MUST make at least one treatment decision in Part 4 to make a valid Advance Health Directive.**

**Please tick a box showing whether you consent to taking part in the listed medical research activities and the circumstances in which you consent. You may tick more than one circumstance for each research activity.**

RESEARCH ACTIVITIES	I consent to taking part in the following circumstances:				I do not consent
	Where I require urgent treatment to save my life, or to prevent serious damage to my health, or to prevent me suffering or continuing	Where the medical research may improve my condition or illness	Where the medical research may not improve my condition or illness but may lead to a better understanding of my condition or	Where there are no other treatment options	

	to suffer significant pain and distress		illness in the future		
The administration of pharmaceuticals or placebos (inactive drug)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The use of equipment or a device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing health care that has not yet gained the support of a substantial number of practitioners in that field of health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing health care to carry out a comparative assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking blood samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking samples of tissue or fluid from the body, including the mouth, throat, nasal cavity, eyes or ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any non-intrusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

examination of the mouth, throat, nasal cavity, eyes or ears					
A non-intrusive examination of height, weight or vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observing an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undertaking a survey, interview or focus group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collecting, using or disclosing information, including personal information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considering or evaluating samples or information taken under an activity listed above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other medical research not listed above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 5: PEOPLE WHO HELPED ME COMPLETE THIS FORM**

**5.1 Did an interpreter help you to complete this form?**

<p><b>Use Part 5.1 to show whether an interpreter helped you to complete this form.</b></p> <p>If English is not your first language, you can use an interpreter to help you complete this form.</p> <p>If you use an interpreter to help you to complete this Advance Health Directive, you and your interpreter should complete the <b>interpreter statement</b> provided in <i>A Guide to Making an Advance Health Directive in Western Australia</i> and attach it to your Advance Health Directive.</p> <p><b>Cross out Part 5.1 if you do not want to complete it.</b></p>	<p><b>Tick the option that applies to you:</b></p> <p><b>Option 1</b>    <input type="checkbox"/> English is my first language — I did not need to use an interpreter</p> <p><b>Option 2</b>    <input type="checkbox"/> English is NOT my first language — an interpreter helped me make this Advance Health Directive and I have attached an <b>interpreter statement</b></p> <p><b>Option 3</b>    <input type="checkbox"/> English is NOT my first language — I did NOT receive help from an interpreter to make this Advance Health Directive</p>
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<b>5.2 Have you made an Enduring Power of Guardianship (EPG)?</b>	
<p><b>Use Part 5.2 to indicate whether you have made an Enduring Power of Guardianship (EPG) and provide details if relevant.</b></p> <p>An Enduring Power of Guardianship allows you to name and legally appoint one or more people to make decisions about your lifestyle and</p>	<p><b>Tick the option that applies to you:</b></p> <p><b>Option 1</b>    <input type="checkbox"/> I have NOT made an Enduring Power of Guardianship</p> <p><b>Option 2</b>    <input type="checkbox"/> I have made an Enduring Power of Guardianship</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>My EPG was made on: ..... / ..... / ..... <span style="margin-left: 150px;">(day) (month) (year)</span></p>

<p>health care if you lose capacity.</p> <p>A person you appoint to make decisions on your behalf is called an enduring guardian.</p> <p>An enduring guardian cannot override decisions made in your Advance Health Directive.</p> <p><b>Cross out Part 5.2 if you do not want to complete it.</b></p>	<p>My EPG is kept in the following place (be as specific as possible): .....</p> <p>.....</p> <p><b>I appointed the following person/s as my enduring guardian.</b></p> <p>Name ..... Phone .....</p> <p>Joint enduring guardian (if appointed):</p> <p>Name ..... Phone .....</p> <p><b>Substitute enduring guardian (if any):</b></p> <p>Name ..... Phone .....</p> <p>Other substitute enduring guardian (if more than one):</p> <p>Name ..... Phone .....</p>
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<b>5.3 Did you seek medical and/or legal advice about making this Advance Health Directive?</b>							
<p><b>Use Part 5.3 to indicate whether you obtained medical and/or legal advice before making this Advance Health Directive and provide details if relevant.</b></p> <p>You are encouraged (but not required) to seek medical or legal advice to make an Advance Health Directive.</p> <p><b>Cross out Part 5.3 if you do not want to complete it.</b></p>	<p><b>Medical Advice — tick the option that applies to you</b></p> <p><b>Option 1</b>   <input type="checkbox"/> I did NOT obtain medical advice about the making of this Advance Health Directive.</p> <p><b>Option 2</b>   <input type="checkbox"/> I DID obtain medical advice about the making of this Advance Health Directive.</p> <p>I obtained medical advice from:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Name</td> <td></td> </tr> <tr> <td>Phone</td> <td></td> </tr> <tr> <td>Practice</td> <td></td> </tr> </table>	Name		Phone		Practice	
Name							
Phone							
Practice							



	<b>Legal Advice — tick the option that applies to you</b>						
	<b>Option 1</b> <input type="checkbox"/> I did NOT obtain legal advice about the making of this Advance Health Directive.						
	<b>Option 2</b> <input type="checkbox"/> I DID obtain legal advice about the making of this Advance Health Directive.						
	I obtained legal advice from:						
	<table border="1"><tr><td>Name</td><td></td></tr><tr><td>Phone</td><td></td></tr><tr><td>Practice</td><td></td></tr></table>	Name		Phone		Practice	
Name							
Phone							
Practice							

**PART 6: SIGNATURE AND WITNESSING**

**You must complete this Part**

- You **must** sign this Advance Health Directive in the presence of two (2) witnesses. If you are physically incapable of signing this Advance Health Directive, you can ask another person to sign for you. You must be present when the person signs for you.
- Two (2) witnesses must be present when you sign this Advance Health Directive or when another person signs for you.
- Each of the witnesses must be 18 years of age or older and cannot be you or the person signing for you (if applicable).
- At least one of the witnesses must be authorised by law to take statutory declarations.
- The witnesses must also sign this Advance Health Directive. Both witnesses must be present when each of them signs. You and the person signing for you (if applicable) must also be present when the witnesses sign.

- If you need to use a marksman clause to sign this Advance Health Directive, you should complete the **marksman clause template** provided in *A Guide to Making an Advance Health Directive in Western Australia* and attach it to your Advance Health Directive.

**YOU MUST SIGN THIS FORM IN THE PRESENCE OF TWO (2) WITNESSES. BOTH WITNESSES MUST BE PRESENT WHEN YOU SIGN THIS FORM. THE WITNESSES MUST SIGN IN EACH OTHER'S PRESENCE.**

**Signed by:** .....  
*(signature of person making this Advance Health Directive)*

**Date:** ..... / ..... / .....  
*(day) (month) (year)*

**OR**

**Signed by:** .....  
*(insert name of person who the maker of Advance Health Directive has directed to sign)*

**in the presence of, and at the direction of**

.....  
*(insert name of maker of Advance Health Directive)*

**Date:** ..... / ..... / .....  
*(day) (month) (year)*

**Witnessed by a person authorised by law to take statutory declarations:**

Authorised witness's signature	
Authorised witness's full name	
Address	
Occupation of authorised witness	

Date	..... / ..... / ..... (day) (month) (year)
<b>And witnessed by another person:</b>	
Witness's signature	
Witness's full name	
Address	
Date	..... / ..... / ..... (day) (month) (year)

*[Schedule 2 inserted: SL 2022/102 r. 5.]*



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## Notes

This is a compilation of the *Guardianship and Administration Regulations 2005* and includes amendments made by other written laws. For provisions that have come into operation, and for information about any reprints, see the compilation table.

### Compilation table

<b>Citation</b>	<b>Published</b>	<b>Commencement</b>
<i>Guardianship and Administration Regulations 2005</i>	21 Jan 2005 p. 268-9	24 Jan 2005 (see r. 2 and <i>Gazette</i> 31 Dec 2004 p. 7130)
<i>Guardianship and Administration Amendment Regulations 2009</i>	15 Sep 2009 p. 3583-97	r. 1 and 2: 15 Sep 2009 (see r. 2(a)); Regulations other than r. 1 and 2: 15 Feb 2010 (see r. 2(b) and <i>Gazette</i> 8 Jan 2010 p. 9)
<i>Guardianship and Administration Amendment Regulations (No. 2) 2009</i>	18 Dec 2009 p. 5168-9	r. 1 and 2: 18 Dec 2009 (see r. 2(a)); Regulations other than r. 1 and 2: 15 Feb 2010 (see r. 2(b) and <i>Gazette</i> 8 Jan 2010 p. 9)
<b>Reprint 1: The <i>Guardianship and Administration Regulations 2005</i> as at 5 Mar 2010</b> (includes amendments listed above)		
<i>Guardianship and Administration Amendment Regulations 2022</i>	SL 2022/102 17 Jun 2022	r. 1 and 2: 17 Jun 2022 (see r. 2(a)); Regulations other than r. 1 and 2: 4 Aug 2022 (see r. 2(b))

## Defined terms

*[This is a list of terms defined and the provisions where they are defined.*

*The list is not part of the law.]*

<b>Defined term</b>	<b>Provision(s)</b>
commencement day .....	9(1)
former regulations .....	9(1)
transitional period .....	9(1)