

Compare between:

[15 Feb 2010, 00-e0-04] and [05 Mar 2010, 01-a0-05]



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Guardianship and Administration Act 1990

Guardianship and Administration Regulations 2005

Part-1 — Preliminary matters

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

1. Citation

These regulations are the *Guardianship and Administration Regulations* 2005^{\perp} .

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 \(^{\dagger}\).

Part-2 — Estate administration

[Heading inserted-in: 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.

Part 2

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.

[6. Deleted in Gazette 15 Sep 2009 p. 3584.]

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

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

Schedule-1 — Enduring power of guardianship form

[r. 6]

[Heading inserted in: 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. ¹
- 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____ (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. **Appointment of enduring guardian(s)** 1. *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.²
- If you want to appoint only one person to be your enduring guardian, complete section-1A and cross out and initial section 1B.3
- If you want to appoint 2 people to be your joint enduring guardians, cross out and initial section-1A and complete section 1B.4
- 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. 5

1A.	Sole	enduring	guardian
	DOL		5

	(appointee's full name)
of	
	(appointee's residential address)
to be my end	ıring guardian.
•	
•	OR
	V-1
1B. Joint	OR enduring guardians
1B. Joint	V-1
1B. Joint	V-1
1B. Joint	enduring guardians
1B. Joint I appoint	enduring guardians
	enduring guardians
1B. Joint I appoint	enduring guardians (appointee's full name)
1B. Joint I appoint	enduring guardians

and	
	(appointee's full name)
. C	(appointee's juit name)
of	
•••••	(appointee's residential address)
to be	my joint enduring guardians.
2.	Appointment of substitute enduring guardian(s)
Not	es 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. ⁶
•	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. ²
•	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 app	oint
I app	
	(appointee's full name)
of	

Schedule 1 Enduring power of guardianship form

of	
	(1
	(enduring guardian's name)
I app	point
	(appointee's full name)
of	
	(appointee's residential address)
to b	e my substitute enduring guardian in substitution
of	
<u></u>	······
<u></u>	(enduring guardian's name)
	(enduring guardian's name)
	(enduring guardian's name) substitute enduring guardian(s) is (are) to be my enduring guardian(s) in the
	(enduring guardian's name) substitute enduring guardian(s) is (are) to be my enduring guardian(s) in the
	(enduring guardian's name) substitute enduring guardian(s) is (are) to be my enduring guardian(s) in the
follo	(enduring guardian's name) substitute enduring guardian(s) is (are) to be my enduring guardian(s) in the owing circumstances:
follo	(enduring guardian's name) substitute enduring guardian(s) is (are) to be my enduring guardian(s) in the
follo	(enduring guardian's name) substitute enduring guardian(s) is (are) to be my enduring guardian(s) in the owing circumstances:
follo	(enduring guardian's name) substitute enduring guardian(s) is (are) to be my enduring guardian(s) in the towns circumstances:
follo	(enduring guardian's name) substitute enduring guardian(s) is (are) to be my enduring guardian(s) in the owing circumstances:
follo	(enduring guardian's name) substitute enduring guardian(s) is (are) to be my enduring guardian(s) in the swing circumstances:
3.	(enduring guardian's name) substitute enduring guardian(s) is (are) to be my enduring guardian(s) in the swing circumstances: Death of joint enduring guardian
3.	(enduring guardian's name) substitute enduring guardian(s) is (are) to be my enduring guardian(s) in the owing circumstances:

Schedule 1

- 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.⁷
- 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.⁷

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. 8
- If you want to limit the functions that your enduring guardian(s) can perform, cross out and initial section-4A and complete section-4B.
- 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 10
 - (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. 11

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); 12
- (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)	
	(k)	
5.	Cir	cumstances in which enduring guardian(s) may act
Not	es for s	rection5:
•		do not want to limit the circumstances in which your enduring dian(s) may act, cross out and initial section_5.
•	may e	want to limit the circumstances in which your enduring guardian(s) act, you must specify the circumstances. ¹³ For example, for as long as aduring guardian(s) live(s) in the same city or town as me.
Му	enduri	ng guardian(s) may act only in the following circumstances:
•••••	***************************************	
•••••	•••••	
•••••	•••••	
<u></u>		
<u></u>		

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. ¹⁴ 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:										
•••••	•••••	•••••	•••••	••••••	 	•••••	•••••	•••••	•••••	•••••
	•••••	•••••	•••••		 		•••••	•••••	•••••	• • • • • • •
<u></u>					 		•••••			

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. ¹⁵
- Two (2) witnesses must be present when you sign this enduring power of guardianship or when another person signs for you. ¹⁶
- 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

A	Act 2005. 17
v s	The witnesses must also sign this enduring power of guardianship. Both witnesses must be present when each of them signs. You and the person igning for you (if applicable) must also be present when the witnesses ign. 16
igneo	I by:
• • • • • • • •	(appointor's signature)
Witne	ssed 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)

	pardianship and Administration Regulations 2005 hedule 1 Enduring power of guardianship form
J CI	nedule 1 Enduring power of guardianship form
••••	
	(other witness's full name)
	·
•••••	
	(other witness's address)
••••	
	(date)
	Optional statement about advance health directive
	Optional statement about advance hearth directive
No	tes about statement:
	If you wish to indicate that you have made an advance health directive, pu
	a tick (\checkmark) or cross (\times) 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
	leave the box next to the statement blank. ave 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. ¹⁸
- Two (2) witnesses must be present when an appointee signs the acceptance. ¹⁹
- 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. 17
- 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. ¹⁹
- 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

l, 	
	(name of appointee)
accept the a	appointment as an enduring guardian.
Signed by:	
	(appointee's signature)

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	(date)
Witnessed l	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)
and by anot	(date)
	•
<u></u>	(other witness's signature)
	(other witness's signature)
	(other witness's signature) (other witness's full name)

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(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 authorized witness)

Schedule 1 Enduring power of guardianship form

	(date)				
and by and	and by another person:				
<u></u>					
	(other witness's signature)				
<u></u>	(other witness's full name)				
	(
	(other witness's address)				
					
<u></u>	(data)				
	(date)				
	cceptance of appointment as substitute enduring guardian				
	cceptance of appointment as substitute enduring guardian				
I, 	(name of appointee)				
I,	(name of appointee) appointment as a substitute enduring guardian.				
I, 	(name of appointee) appointment as a substitute enduring guardian.				
I,	(name of appointee) appointment as a substitute enduring guardian.				
I,	(name of appointee) appointment as a substitute enduring guardian. :				
I,	(name of appointee) appointment as a substitute enduring guardian.				
I,	(name of appointee) appointment as a substitute enduring guardian. :				

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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)

(other witness's signature) (other witness's full name) (other witness's full name) (other witness's address) (date) (dat						
(other witness's signature) (other witness's full name) (other witness's full name) (date)	and	by another person:				
(other witness's signature) (other witness's full name) (other witness's address) (date) (
(other witness's signature) (other witness's full name) (other witness's address) (date) (••••					
(other witness's full name) (other witness's address) (date) (date)	••••					
(date) [Insert Proceedings of the sustaining measure, palliative care and treatment [3] GAA Act s110G(3) [4] GAA Act s110G(3) [4] GAA Act s110G(3) [4] GAA Act s110G(3) [4] GAA Act s110G(1) [5] GAA Act s110G(1) [6] GAA Act s110G(1) [7] [7] GAA Act s110G(1) [7] [7] [7] [7] [7] [7] [7] [7] [7] [7]		(other witness's signature)				
(date) [Insert Proceedings of the sustaining measure, palliative care and treatment and address of AA Act s110G(3) [GAA Act s110G(4) [GAA Act s110E(1)(b)] [GAA Act s110E(1)(b)]	••••					
(date) [Insert Proceedings of the sustaining measure, palliative care and treatment [3] GAA Act s110G(3) [4] GAA Act s110G(3) [4] GAA Act s110G(3) [4] GAA Act s110G(3) [4] GAA Act s110G(1) [5] GAA Act s110G(1) [6] GAA Act s110G(1) [7] [7] [7] [7] [7] [7] [7] [7] [7] [7]						
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GAA Act s11023 12 GAA Act s3(1), definitions of <i>life sustaining measure</i> , <i>palliative care</i> and <i>treatment</i> 13 GAA Act s110G(3) 14 GAA Act s110G(4) 15 GAA Act s110E(1)(b)						
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 GAA Act s110G(3) GAA Act s110G(4) GAA Act s110E(1)(b) 						
14 GAA Act s110G(3) 15 GAA Act s110E(1)(b)	13					
15 GAA Act s110E(1)(b)						
GAA Act s110L(1)(0)						
16 GAA Act s 110 F(1)(c) and (d) and (2)	16	GAA Act s110E(1)(b) GAA Act s110E(1)(c) and (d) and (2)				
Oaths, Affidavits and Statutory Declarations Act-2005 s12(6) and Sch. 2						
Odins, Agridavits and Statutory Dectarations Act-2003 812(0) and Scii. 2 18 GAA Act s110E(1)(e)						
¹⁹ GAA Act s110E(1)(e) GAA Act s110E(1)(f) and (g) and (2)						

Schedule 1 Enduring power of guardianship form

[Schedule-1 inserted-in: Gazette 15 Sep 2009 p. 3584-_93; amended in: Gazette 18 Dec 2009 p. 5169.]

Schedule-2 — Advance health directive form

[r. 7]

[Heading inserted-in: Gazette 15 Sep 2009 p. 3594.]

Advance Health Directive

Notes:

- To make an advance health directive, you must be 18-years of age or older and have full legal capacity. ¹
- A person who makes an advance health directive is called "the maker".

11 person vivio interior en environte incentir en centre la cuite di interior.
This advance health directive is made under the <i>Guardianship and Administration Act1990</i> Part9B on
the day of
by
by
(maker's full name)
of
(maker's residential address)
born on
(maker's date of birth)
This advance health directive contains treatment decisions in respect of my future treatment.
A treatment decision in this advance health directive operates in respect of the treatment to which it applies at any time I am unable to make reasonable judgments in respect of that treatment.

Compare 15 Feb 2010 [00-e0-04] / 05 Mar 2010 [01-a0-05] Published on www.legislation.wa.gov.au

Notes about treatment decisions:

Schedule 2 Advance health directive form

- Treatment is any medical, surgical or dental treatment or other health care (including palliative care and life sustaining measures such as assisted ventilation and cardiopulmonary resuscitation). ²
- A treatment decision is a decision to consent or refuse consent to the commencement or continuation of any treatment.³
- A treatment decision operates only in the circumstances that you specify. 4
- Treatment to which you consent in this advance health directive can be provided to you.
- Treatment to which you refuse consent 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. 5

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<u></u>							
<u></u>							
<u></u>							
I conse	nt / refuse co	nsent (cros	ss out an	d initial o	one of the	rse)	
to the f	ollowing trea	tment:					
10 1110 1	3113 111 5 ti 3						

Guardianship and Administration Regulations 2005 Advance health directive form Schedule 2

2. Treatment decision
In the following circumstances:
I consent / refuse consent (cross out and initial one of these)

Schedule 2 Advance health directive form

•••••		
•••••		
•••••		
•••••		
<u></u>		
3. T	Treatment decision	
In the fo	ollowing circumstances:	
•••••		

Guardianship and Administration Regulations 2005 Advance health directive form Schedule 2

I consent / refuse consent (cross out and initial one of these)
to the following treatment:

Notes for maker about signing and witnessing:

- 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. ⁶
- Two (2) witnesses must be present when you sign this advance health

Schedule 2 Advance health directive form

directive or when another person signs for you. 7

- 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 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.
- 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. ⁷

	(maker'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)

and by another person:	
	(other witness's signature)
	(other witness's full name)
	(other witness's address)
	(date)

Optional statement about legal or medical advice

Notes about statement:

- You are encouraged (but are not required) to seek legal or medical advice before making this advance health directive. 9
- If you wish to indicate that you have obtained legal or medical advice and wish to identify the person who gave you the advice, complete the relevant part of the statement.
- If you wish to indicate that you have obtained legal or medical advice but do not wish to identify the person who gave you the advice, cross out and initial the relevant part of the statement.
- If you do not wish to indicate whether or not you have obtained legal or medical advice, you may (but do not have to) cross out and initial the statement.
- If you do not wish to obtain legal or medical advice, you may (but do not have to) cross out and initial the statement.
- You do not have to say anything in this advance health directive about whether or not you have sought or obtained legal or medical advice. You

I have made an enduring power of guardianship. \Box

¹ Guardianship and Administration Act-1990 (GAA Act) s.-110P

GAA Act s.-3(1), definitions of life sustaining measure, palliative care and treatment

³ GAA Act s.-_3(1), definition of *treatment decision*

⁴ GAA Act s.-110S(2)

Advance health directive form Schedule 2

- ⁵ GAA Act s.-<u>_</u>110ZJ
- ⁶ GAA Act s.-_110Q(1)(c)
- ⁷ GAA Act s.-110Q(1)(d) and (e) and (3)
- Oaths, Affidavits and Statutory Declarations Act-2005 s.-12(6) and Sch. 2
- ⁹ GAA Act s.-110Q(1)(b) and (2) and 110QA

[Schedule-2 inserted-in: Gazette 15 Sep 2009 p. 3594-_97; amended in: Gazette 18 Dec 2009 p. 5169.]

Compare 15 Feb 2010 [00-e0-04] / 05 Mar 2010 [01-a0-05] Published on www.legislation.wa.gov.au

Notes

This <u>reprint</u> is a compilation <u>as at 5 March 2010</u> of the *Guardianship and Administration Regulations*—2005 and includes the amendments made by the other written laws referred to in the following table. <u>The table also contains information about any reprint.</u>

Compilation table

Citation	Gazettal	Commencement
Guardianship and Administration Regulations 2005	21 Jan 2005 p. 268–9	24 Jan 2005 (see r. 2 and <i>Gazette</i> 31 Dec 2004 p. 7130)
Guardianship and Administration Amendment Regulations 2009	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 Gazette 8 Jan 2010 p. 9)
Guardianship and Administration Amendment Regulations (No. 2) 2009	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 Gazette 8 Jan 2010 p. 9)

Reprint 1: The Guardianship and Administration Regulations 2005 as at 5 Mar 2010 (includes amendments listed above)