

Your Reference: J.Harrold Medical Power of Attorney  
Our Reference: bkd:69279  
Enquiries: Adjunct Professor, Dr Brett Davies  
Direct Telephone: 1800 141 612  
Email: brett@legalconsolidated.com



**LEGAL**  
**CONSOLIDATED**  
**BARRISTERS & SOLICITORS**

**National Law Firm**

**Head Office**  
39 Stirling Highway  
Nedlands WA 6009

**T: 1800 141 612**

**legalconsolidated.com.au**

Friday, 1 March 2019

James Harrold  
Park Street  
Yuendumu NT 0872  
Australia

## **Your Medical Power of Attorney – Advance Personal Plan**

Thank you for building your Power of Attorney.

When you are satisfied that the document is according to your instructions please:

1. Print out 2 copies (print one double sided)
2. Arrange both copies to be signed

### **What is a Medical Power of Attorney?**

This document is called an Advance Personal Plan. It is designed to empower you to decide how your future personal, lifestyle and healthcare decisions are made, if you become unable to make those decisions yourself.

### **Wouldn't my spouse make my decisions for me?**

The Medical Power of Attorney gives greater rights. If you wish your spouse, de facto partner, children or others you choose to make your decisions if you become unable, then you should name them as your guardian. If you want it to be someone else, name them instead.

### **When does the document come into effect?**

This document ONLY comes into effect when you have lost capacity to make decisions for yourself such as being in an accident. There are no circumstances where it would be used while you are still able to make reasonable judgements about the matters covered by this document.

### **Get a Doctor's Certificate to say you are of sound mind.**

Get a Doctor's Certificate to say you are of sound mind. You must have full legal capacity to sign this document. Ask your doctor to give you a written note to say you are of sound mind. Keep the Doctor's note with the Medical Power of Attorney. Medical Power of Attorney may not be valid.

### **What decisions can the person receiving my Attorney make?**

The person or persons you have appointed can make personal decisions. Some of these decisions can include your future health matters.

You can build this document here:

<https://www.legalconsolidated.com.au/medical-power-of-attorney-intro/>

For a full list of documents you can build on our law firm's website see here:

<https://www.legalconsolidated.com.au/areas-of-law/>

## **Does my Power of Attorney have to be lodged or registered anywhere?**

A Power of Attorney (“**POA**”) does not need to be lodged at the titles office. Sometimes a bank may wrongly ask for the titles office registration number. Registration at the titles office is not required. One day you may decide to buy or sell land. You may want your POA to do that. Only at that time do you need to lodge your POA at the titles office. Lawyers and the titles office charge for lodging each POA. Different government departments and institutions may require you to hand over your original POA and not return it to you. Therefore, make sure you print off and sign two copies of your POA.

*This POA only works in your State. If there are assets in another State, then you need to also build and sign POAs for that State as well.*

## **Does the Power of Attorney need to be stamped?**

Your POA is not dutiable. It does not need to be lodged at the local stamp duty office.

## **Making copies**

Don't let the original Medical Power of Attorney out of your hands. Ask whoever needs it to take a copy. They can then “certify” (confirm it is a true copy) the document and keep the copy on file. Get your original document back.

## **Can the Power of Attorney override your wishes?**

By law the POA can only be used by the persons you nominate for **your** best interests. It can't be used to benefit anyone else. It is not designed to help your spouse or children - it is in place to protect you. The POA can only be used to help you. If you lose confidence in the persons you appoint, then you need to revoke the POA. If the person you appoint does not act in your best interests then both civil and criminal actions may be taken against the person you appoint by you, your family and the government.

## **Can I revoke a Power of Attorney?**

While you are of sound mind you can revoke your POA at any time. If you are of unsound mind then, obviously, you can't make any such decisions. While you are of unsound mind you can't revoke a legal document such as a POA. Your POA is revoked at death. (Conversely, your Will only takes effect at death.) The courts can also revoke your POA.

## **How do I revoke the Power of Attorney?**

Firstly, tear up as many copies (originals and photocopies) as you can get your hands on.

Build a Revocation of a Power of Attorney and letter at our website. Complete and sign the revocation and send it registered mail to the persons you have nominated, telling them that the POA is revoked and ask for all copies to be posted back to you (if any). Provided the persons you have nominated received the letter (and you can prove this) then it would be illegal for them to keep using the POA. Criminal sanctions can apply. Also write to all banks and other people that have been presented the POA enclosing a copy of the Revocation. Keep copies of all such letters and the Revocation.

## **What happens if I separate, divorce or get married?**

Changing your status does not affect the POA. You must revoke it, if you no longer want it to operate.

## **Can the persons I nominate resign?**

The persons you appointed can renounce the POA. However, if you are of unsound mind, it is too late for those persons to renounce.

## Who can witness my POA?

The 2 witnesses must be present in the room when you sign your POA. The steps are:

1. Find someone who is over 18 years of age and is either:
  - an accountant the chief executive officer of a local government council,
  - health practitioner,
  - social worker,
  - the principal of a Northern Territory school, or
  - a person who is authorised to administer oaths (see the attached list).

They are your witness.

2. Attorneys you have appointed must leave the room.
3. Get your witness and yourself in a room with at least 2 identical blue pens. Lock all the doors so that none of you leave the room. If you or either of your witnesses leave the room during the signing process then tear up the POA and print out another copy of the POA and start the POA signing process again.
4. If you or either of your witnesses need reading glasses, then don't sign the POA until you or your witnesses put on those glasses.
5. With a blue pen you sign your POAs. After you have signed your POA both witnesses (WITH THE SAME BLUE PEN) sign the POA. If you signed with different coloured pens (eg a dark blue and a light blue) then tear up the POAs. Print out new POAs and start the process again.
6. Date the POA the date the POA is signed.
7. If you have issues reading English, then let me know. An interpreter may be required.

## Does my Attorney need one of the original Power of Attorneys?

There is no legal requirement for an attorney to accept your POA in any time frame. An attorney can accept your POA many years later. And if you have appointed more than one attorney they can accept many years apart from each other. They don't need to accept your POA on the same day. Indeed your attorneys may be living outside of Australia in different countries. However, your POA won't come into operation for that attorney until that attorney does sign. But the signing can be done when the POA is actually needed.

Further, there is no legal requirement to hand over one of your original POAs to any of your attorneys. You may, however, wish to do so. At the very least:

1. You should speak to your potential attorneys to make sure they are happy to take on the onerous job of holding the attorney position
2. Let them know where the POA is kept "at my home in my grey filing cabinet and when it is needed you can get the POA and accept it then"
3. You may wish to email them a soft copy and the covering letter that we provide so they can understand how it can be used in the future (it can be signed or unsigned, it is just a soft copy). If they need a hand, later on, they can telephone us for advice.

This now concludes the matter. Thank you for your instructions.

If I can further clarify the above, you are welcome to contact me on my direct telephone number 1800 141 612.

Yours sincerely,

A handwritten signature in black ink that reads "Brett Davies". The signature is written in a cursive style with a horizontal line underneath.

Adjunct Professor, Dr Brett Davies, CTA, AIAMA, BJuris, LLB, LLM, MBA, SJD  
LEGAL CONSOLIDATED BARRISTERS & SOLICITORS

*Each state has its own Medical Power of Attorney. They are generally called Enduring Power of Guardianship. This is a sample document of the Northern Territory Enduring Power of Guardianship. When you select another jurisdiction, the document will be built for that State.*

*We have a 100% money back guarantee. For any reason you can return the document to us for a full refund.*

## Who can witness a Northern Territory Medical Power of Attorney?



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Nedlands WA 6009

T: 1800 141 612

[legalconsolidated.com.au](http://legalconsolidated.com.au)

One authorised witness is required. Your authorised witness must be 18 years of age or older. An authorised witness under s10(5) of the *Advance Personal Planning Act* (NT) means:

- an accountant;
- the chief executive officer of a local government council;
- a health practitioner;
- a social worker;
- the principal of a Northern Territory school.

OR

A person Under Schedule 2 of the *Oaths, Affidavits and Statutory Declarations Act 2005* witnesses that are authorised by law to administer an oath include:

- An academic at a post-secondary institution
- Accountant
- Architect
- Australian Consular Officer
- Australian Diplomatic Officer
- Bailiff
- Bank manager
- Chartered secretary, governance adviser or risk manager
- Chemist
- Chiropractor
- Company auditor or liquidator
- Court officer
- Defence force officer
- Dentist
- Doctor
- Electorate officer of a member of State Parliament
- Engineer
- Industrial organisation secretary
- Insurance broker
- Justice of the Peace
- Landgate officer
- Lawyer
- Local government CEO or deputy CEO
- Local government councillor
- Loss adjuster
- Marriage celebrant
- Member of Parliament
- Minister of religion
- Nurse
- Optometrist
- Patent attorney
- Physiotherapist
- Podiatrist
- Police officer
- Public servant (Commonwealth)
- Public servant (State)
- Real estate agent
- Settlement agent
- Sheriff or deputy sheriff
- Surveyor
- Registered teacher
- Tribunal officer
- Veterinary surgeon

Please telephone me if you need advice on the signing of your power of attorney.

Yours sincerely,

Adjunct Professor, Dr Brett Davies, CTA, AIAMA, BJuris, LLB, LLM, MBA, SJD  
LEGAL CONSOLIDATED BARRISTERS & SOLICITORS



NORTHERN TERRITORY OF AUSTRALIA

<b>P</b>	<b>A</b>	<b>No:</b>
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**IMPORTANT NOTICE**  
Please Note Privacy Statement Overleaf

**POWER OF ATTORNEY**

The donor appoints the donee as his or her attorney and authorises him or her to execute all or any instruments that may be necessary for giving effect to any dealing with any property of the donor, including any land, estate or interest of which the donor is or may become the registered proprietor, with such specific additional powers as are set out or referred to on the back of this document.

(NOTES 1 - 2)

DONOR OF POWER

Name:	James Harrold
Address:	Park Street, Yuendumu, Northern Territory 0872 Australia

(NOTE 3)

DONEE OF POWER (ATTORNEY)

Name:	Carter Green
Address:	5th Street Yuendumu Northern Territory 0872 Australia
Name:	Sally Greenfield
Address:	6 James Street Stuart Park Northern Territory 0820 Australia

(NOTE 4)

*You can appoint 1, 2 or 3 people as your enduring guardians. However, it is best practice to appoint only two people. They can act together or separately on all decisions made. They need to be able to make decisions in your best interests.*

..... Signed by the donor James Harrold on (Date) .....
In the presence of:
..... Signature of qualified witness ..... .....

(NOTE 5)

SPECIMEN SIGNATURE OF DONEE

..... Carter Green
-----------------------

(NOTE 6)

### SPECIFIC POWERS (NOTE 7)

1. To comply with provisions contained in a memorandum of Common Provisions recorded in the Register as No.....
2. Additional Powers:  
None

### SCHEDULE OF NOTES

1. This form may be lodged in duplicate. The original must be printed, typed or completed in ink and contain the signatures of all parties and their witnesses, if any, in ink, as shall any duplicate. Alterations to information entered on the form should be crossed out (not erased or obliterated by painting over) and initialled by the parties. This form has been developed taking into account the provisions under the *Powers of Attorney Act*.
2. If there is insufficient space in any panel use the space above or any annexure sheet (Form 95).
3. Insert the donor of the power's full name and an address, which may be a postal address, for the service of notices.
4. Insert the Donee of the power's full name and an address, which may be a postal address, for the service of notices. If more than one donee state whether they will be signing jointly or severally.
5. Persons who may witness this document are a Commissioner for Oaths, a member of the Legislative Assembly, a legal practitioner within the meaning of the *Legal Profession Act*, a person holding office under the *Supreme Court Act*, the *Justices Act*, the *Local Court Act* or the *Registration Act*, a member of the Police Force, a person licensed as a conveyancing agent or real estate agent under the *Agents Licensing Act*, a Notary Public and any other person approved by the Registrar-General.

A witness to an instrument executed by an individual must first:

- take reasonable steps to ensure that the individual is the person entitled to sign the instrument;
- have the individual execute the document in the presence of the witness;
- not be a party to the instrument; and
- if witnessing more than one signature, clearly state that he/she has witnessed more than one signature. (ie I have witnessed the two signatures appearing above).

After signing, witnesses must legibly write, type or stamp their names and contact address or telephone number below their signature.

For a corporation, an instrument must be executed in a way permitted by law or sealed with the corporation's seal in accordance with the *Law of Property Act*, Section 48.

6. The original shall contain a specimen signature of the donee, except if the donee is specified by reference to a named position. Where the original purports to have been signed by a body corporate, it shall be authenticated by or on behalf of the corporation in a manner permitted by law.
7. A power of attorney may incorporate any common provision contained in a Memorandum of Common Provisions retained by the Registrar, by reference to the provision in a way sufficient to clearly identify it - eg. by reference to the number of the memorandum. If not all the provisions of that memorandum are to apply, the numbers of the provisions that are to apply should be specified. The Memorandum of Common Provisions are a guide only and may be added to or deleted.

# Advance Personal Plan

*An Enduring Power of Guardianship - otherwise known as a allows a Medical Power of Attorney allows a person to appoint someone to make personal, lifestyle and medical decisions.*

*All States have a Medical POA. Choose which state you mostly live in. If you live in two states then you need two Medical POAs, one for each state.*

## EXPLANATORY NOTES

Completing an Advance Personal Plan should help you to engage in a discussion with your loved ones about your values and wishes. It will help to provide evidence of these wishes. If difficult decisions need to be made about your care or finances in circumstances where you cannot make these decisions for yourself.

This form has five sections. Sections A and E must be completed in order for the form to be valid. One or all of sections B, C and D can be completed, depending on what you want.

1. [Section A](#) - Your details
2. [Section B](#) - Advance Care Statements about your views, wishes and beliefs as to how you want to be treated in relation to any future health, financial or lifestyle matter.
3. [Section C](#) - Legally binding Advance Consent Decision about your future health care.
4. [Section D](#) - Appoint decision maker(s) to make decisions on your behalf about any matter relevant to your health, financial or lifestyle matters.
5. [Section E](#) - Signing clause

## SECTION A: PERSONAL DETAILS

THIS IS A COMPULSORY SECTION

### TO MY FAMILY, FRIENDS AND HEALTH-CARE PROVIDERS

I, James Harrold

(Print your full name here)

of Park Street, Yuendumu

(Print here the number of your house, name of your street and suburb)

State: NT

Postcode: 0872

(Print here the name of the State where you live)

Born: 03/04/1962

(Print here the date of your birth)

being over the age of eighteen years, who has decision-making capacity and who does not have a guardian appointed under the *Guardianship of Adults Act*, make this Advance Personal Plan after careful consideration, voluntarily and without coercion or other undue influence.

If at any time I am unable to take part in decisions about my care or welfare (including health care) or property or financial affairs, let this document stand as evidence of my health decisions, my views, wishes and beliefs and/or who I nominate as my decision maker(s).

I request that all who are responsible for my care respect the decisions and directions given in this document.

**Note:** Please seek the assistance of an interpreter if you have trouble understanding the contents and requirements of this form.

## SECTION B: ADVANCE CARE STATEMENT

THIS IS NOT A COMPULSORY SECTION

An Advance Care Statement is a statement of your views, wishes and beliefs about how you would like your appointed decision maker(s), health professionals and any other person providing care for you to act.

It is recommended that you discuss this section with your decision maker(s), family or doctor as it is important that anything you write should be readily understood by the people who are supporting and treating you.

**1. What gives your life meaning? What do you value most in life? For example, independence, being on country/at home, being able to work, food, family etc.**

---

**2. a) If nearing death, what are your goals/priorities? What is most important to you? For example, dignity, to be comfortable, and to have my friends and family around me etc.**

---

**b) If nearing death, what is unacceptable to you? What do you NOT want? For example, not wanting particular family or people to visit or see me, being alone and feeling helpless etc.**

---

**c) Consent to palliative and comfort care so that you can feel better, even though it won't cure you:**

Yes, I would like to receive palliation and comfort care

**3. Where would you like to die/finish up?**

at home / on country (list location)

in hospital or hospice

other (please provide details)

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4. Any other information that may help with medical decisions?

---

5. Any cultural or spiritual requests?

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6. After death, what is important to you? For example, a ceremonial smoking, or for my body to be returned to my birth country, blessings, cremation, burial etc.

---

Note to section B, question 5 – if these details of burial/cremation are already provided in your will you do not need to restate them here

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2. Benefit from the law firm's professional indemnity insurance
3. Receive legal advice
4. Get a signed letter on our law firm's letterhead with the legal document

Only a law firm provides the above. We also offer a 100% money back guarantee on every document you build.

Adjunct Professor, Dr Brett Davies- Partner

## SECTION C: ADVANCE CONSENT DECISION

THIS IS NOT A COMPULSORY SECTION

Advance Consent Decisions are legally binding on your health care provider and can include decisions about organ transplants, palliative care, instructions not to be put on life support, or directions about not receiving blood transfusions.

Cardio Pulmonary resuscitation (CPR): refers to medical procedures that may be used to restart your heart or breathing if they stop due to severe illness. It usually involves very strong pumping on your chest, electric shocks to your heart, medications injected into your veins and breathing tubes being put into your throat to allow a machine to breath for you.

### 1. If my heart stops and CPR is an option:

Please try to restart my heart or breathing (attempt CPR)

**Except if it results in an unacceptable outcome. Refer to what you wrote in section 2b above and describe unacceptable outcomes, for example, I will not be able to live independently or go home.**

**Unacceptable outcomes include:**

---

Please allow me to die a natural death. Do not restart my heart or breathing (No CPR)

### 2. Are there specific medical treatments that you DO NOT want?

Artificial feeding/tube feeding:

Renal dialysis:

Blood transfusions;

Other:

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3. Do you have any religious or ethical beliefs that may affect your treatment? If yes, describe how your beliefs might affect your treatment:

**For example:** *'Because of my religious beliefs, I do not want to receive any blood transfusions or organ transplants'.*

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**Note:** It is strongly recommended that before completing this document you discuss your options with your doctor who knows your medical history and views. The doctor will also be able to explain any medical terms that you are unsure about and will confirm that you were able to understand the decisions you have made in the document and that you made those decisions voluntarily. You can also ask your doctor to witness your signature.

**Note:** It is your legal right to refuse any medical treatment. However, you may not be entitled to insist on receiving a particular treatment (if, for example, your health-care provider's professional opinion is that the treatment would not be of benefit to you).

## SECTION D: APPOINT DECISION MAKER(S)

THIS IS NOT A COMPULSORY SECTION

### 1. Appointment of a decision maker is made by me, the Adult:

*(Complete if you wish to appoint a decision maker)*

James Harrold

(Print your full legal name)

Park Street, Yuendumu, Northern Territory 0872 Australia

(Print your address)

### 2. (a) To appoint as my decision maker:

Carter Green

(Print full legal name of decision maker)

5th Street Yuendumu Northern Territory 0872 Australia

(Print address of decision maker)

\_\_\_\_\_  
(Email address of your decision maker)

\_\_\_\_\_  
(Mobile number of your decision maker)

all matters

financial matters (including dealing in property)

personal/health matters

limited matters (specify) \_\_\_\_\_

\_\_\_\_\_  
(Specimen signature of decision maker if appointing for financial matters)

If only nominating one decision maker, please rule through 2(b) and 2(c).

**(b) To appoint as my decision maker:**

(Complete if you wish to appoint a second decision maker OR rule through)

Sally Greenfield

(Print full legal name of decision maker)

6 James Street Stuart Park Northern Territory 0820 Australia

(Print address of decision maker)

\_\_\_\_\_  
(Email address of your decision maker)

\_\_\_\_\_  
(Mobile number of your decision maker)

- All matters
- financial matters (including dealing in property)
- personal/health matters
- limited matters (specify) \_\_\_\_\_

\_\_\_\_\_  
(Specimen signature of decision maker if appointing for financial matters)

~~**(c) To appoint as my decision maker:**~~

~~(Complete if you wish to appoint a third decision maker OR rule through)~~

~~\_\_\_\_\_  
(Print full legal name of decision maker)~~

~~\_\_\_\_\_  
(Print address of decision maker)~~

~~\_\_\_\_\_  
(Email address of your decision maker)~~

~~\_\_\_\_\_  
(Mobile number of your decision maker)~~

- All matters
- financial matters (including dealing in property)
- personal/health matters
- limited matters (specify) \_\_\_\_\_

~~\_\_\_\_\_  
(Specimen signature of decision maker if appointing for financial matters)~~

**3. How do you prefer your decision maker(s) to make decisions?**

(Tick one box only)

Severally (any one of them may decide)

Jointly (unanimously)

Other or specific circumstances (for example, if one decision maker is out of the Territory I appoint the other), please list:

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**Note:** You may attach more pages if required. Please number each page that you attach.

**Office Use Only**

# SECTION E: SIGNING AND WITNESSING

THIS A COMPULSORY SECTION

## ADULT MAKING THE ADVANCE PERSONAL PLAN

James Harrold

(Print name)

(Adult signs here or, if the adult is unable to sign a person acting on the direction, and in the presence of the adult, must sign)

If you are signing for the adult

I, \_\_\_\_\_  
(Full name)

am at least eighteen years old and not appointed as a decision maker for the adult.

## WITNESS

I, \_\_\_\_\_ of  
(Full name)

(Address)

A qualified witness \_\_\_\_\_  
(State qualifications as authorised witness)

*How you witness the document is set out in our Letter of Advice which comes with the document you are building. Build the legal document at [legalconsolidated.com.au](http://legalconsolidated.com.au) – telephone us. We can help you complete the questions.*  
*Adjunct Professor, Dr Brett Davies- Partner*

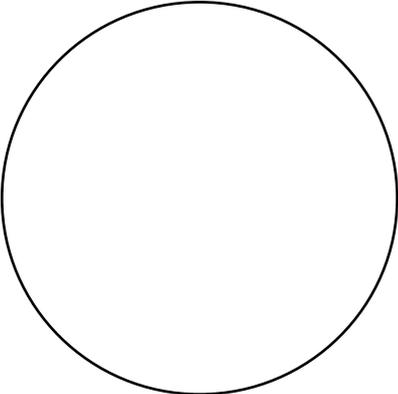
certify that the person making this document is who they purport to be, has attained the age of eighteen years, appears to understand the nature and effect of the Advance Personal Plan, appears to be acting voluntarily without coercion or other undue influence and that the plan was signed by the adult making it, or by their representative, in my presence.

(Witness signs here)

(Insert date)

**Please refer to next page for a list of people who are authorised witnesses and are able to witness the making of an Advance Personal Plan**

**Office use only**

	
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**Note: The following people are authorised witnesses and are able to witness the making of an Advance Personal Plan:**

- Commissioner for Oaths, including legal practitioners, Justices of the Peace and Police Officers.
- Doctors, Nurses, Pharmacist, Aboriginal and Torres Strait Islander health practice and other health practitioner (as defined in the Health Practitioner Regulation National Law).
- Accountants.
- Chief Executive Officers of Local Government Authorities.
- Social Workers.
- Principals of Northern Territory schools.

**Note: You may register your Advance Personal Plan with the Public Trustee for safe keeping without any fee:**

Fill out the Application to Register Form

([https://nt.gov.au/data/assets/pdf\\_file/0017/170432/application-to-register-advance-personal-plan.pdf](https://nt.gov.au/data/assets/pdf_file/0017/170432/application-to-register-advance-personal-plan.pdf)) and post or email to:

**Public Trustee**

GPO Box 470

Darwin NT 0801

Phone: (08) 8999 7271

Fax: (08) 8999 7882

[agd.publictrustee@nt.gov.au](mailto:agd.publictrustee@nt.gov.au)

**Note: If your advance personal plan authorises dealings in property it must be registered with the Land Titles Office for any dealings to occur. You must pay the lodgement fee (for details of fees please contact the Land Titles Office on 8999 6520) and the original form must be lodged by mail or in person to at the following address:**

**Land Titles Office**

**Darwin**

GPO Box 3021

Darwin NT 0801

Nichols Place, Corner Cavenagh and Bennett Streets

Darwin NT 0800

Phone: (08) 8999 6520

Fax: (08) 8999 6239

[AGD.RegistrarGeneral@nt.gov.au](mailto:AGD.RegistrarGeneral@nt.gov.au)

**Alice Springs**

PO Box 8043

Alice Springs NT 0871

Centrepont Building

Corner Gregory Terrace and Hartley Streets

Alice Springs NT 0870

Phone: (08) 8951 5339

Fax: (08) 8951 5340

[AGD.RegistrarGeneral@nt.gov.au](mailto:AGD.RegistrarGeneral@nt.gov.au)