Your initial:	Witness initial:	Date: / /

ADVANCE CARE DIRECTIVE FORM

Made under the *Advance Care Directives Act 2013* (SA)

Any Advance Care Directive that you have previously made under this Act is automatically revoked (cancelled) when you complete this Advance Care Directive Form ('Form').

This Form is designed for people with decision-making capacity, aged 18 years or older, to complete using the **Do-It-Yourself Guide**.

Certification statement or JP stamp.
For use of certifying copies only (leave blank on original).

PART 1 Personal details

You **must** fill in your full legal name, date of birth and address. Sex at birth, gender, phone number and health condition information is **optional**.

Your full legal name:*	
Date of birth (dd/mm/yyyy):*	... / ... / ...
Sex at birth:	
Gender:	
Address:*	
Phone number:	
My health conditions that are important to note are: *If you have no health conditions you would like noted, cross out this section by placing a large 'Z'.*	

PART 2A

Appointment of Substitute Decision-Maker/s *(optional)*

A Substitute Decision-Maker has the legal authority to make decisions on your behalf if you do not have decision-making capacity to make a particular decision.

- It is not a legal requirement to appoint Substitute Decision-Maker/s.
- This Form allows you to appoint up to **four** people. For appointing additional people, please download additional pages from advancecaredirectives.sa.gov.au.
- Your first preferred Substitute Decision-Maker is the first person you list below who is reasonably available, willing and able to make decisions on your behalf, and is responsible for contacting any other appointed Substitute Decision-Makers when decisions need to be made.
- **Your Substitute Decision-Makers must sign Part 5 of this Form before you sign Part 7.**

Cross out this section by placing a large 'Z', if you are not appointing a first preferred person.

Substitute Decision-Maker (first preferred)

Fill in the details of your first preferred Substitute Decision-Maker here.

Full name:*	
Date of birth (dd/mm/yyyy):*	/ /
Address:*	
Phone number:*	

Cross out this section by placing a large 'Z', if you are not appointing an additional person.

Substitute Decision-Maker

Full name:*	
Date of birth (dd/mm/yyyy):*	/ /
Address:*	
Phone number:*	

Cross out this section by placing a large 'Z', if you are not appointing an additional person.

Substitute Decision-Maker

Full name:*	
Date of birth (dd/mm/yyyy):*	/ /
Address:*	
Phone number:*	

Cross out this section by placing a large 'Z', if you are not appointing an additional person.

Substitute Decision-Maker

Full name:*	
Date of birth (dd/mm/yyyy):*	/ /
Address:*	
Phone number:*	

PART 2B

Conditions of appointments *(optional)*

Refer to **Part 2b** of the **Do-It-Yourself Guide**.

Cross out this section by placing a large 'Z', if you are not including conditions for your Substitute Decision-Maker/s.

Character limit: 1000

PART 3

Values and wishes *(optional)*

Your values and wishes in your Advance Care Directive are <u>not</u> legally binding, but must still be followed by any appointed Substitute Decision-Makers or Person/s Responsible.

Discuss your values and wishes with your Substitute Decision-Maker/s (if you appoint any) and those close to you. Refer to **Part 3** of the **Do-It-Yourself Guide** for more information. You may complete all, some, or none of sections a) to g).

Draw a large 'Z' in the sections you do not complete.

a) What is important to me:

What living well means to me. Refer to **Part 3a** of the **Do-It-Yourself Guide.**

Character limit: 2000

b) Health care I prefer:

Refer to **Part 3b** of the **Do-It-Yourself Guide.**

Character limit: 1200

c) Where I wish to live:

Refer to **Part 3c** of the **Do-It-Yourself Guide.**

Character limit: 1000

PART 3 *cont.*

Values and wishes *(optional)*

d) Other things I would like known are:
Refer to **Part 3d** of the **Do-It-Yourself Guide.**

Character limit: 1000

e) Other people I would like involved in discussions about my care:
Refer to **Part 3e** of the **Do-It-Yourself Guide.**

Character limit: 1000

f) I am nearing death, the following would be important to me:
Refer to **Part 3f** of the **Do-It-Yourself Guide.**

Character limit: 1000

g) Select one statement below and mark your response by ticking the box.
Refer to **Part 3g** of the **Do-It-Yourself Guide.**
By visiting DonateLife.gov.au or ticking the box on your driver's licence, you can register your wish to become an organ and tissue donor.

I am willing to be considered for organ and tissue donation and recognise that medical interventions may be necessary for donation to take place.	☐
I am not willing to be considered for organ and tissue donation.	☐

PART 4

Refusal/s of health care *(optional)*

Refusals of health care are legally binding and communicate your medical treatment decision/s directly to your health practitioner/s.

- Part 4 of this Form will only be used if you do not have decision-making capacity to make a particular health care decision.
- If any of your statements are unclear or uncertain in particular circumstances, it will become a value and/or wishes instruction.
- In some limited circumstances set out in the Act, a health practitioner may not be required to comply with this section of the Form.
- It is recommended that you consult a health practitioner if you choose to complete this section of the Form.
- You should include details about the circumstances in which you want to refuse treatment.
- In an end-of-life care situation, certain medical interventions may be required for organ and tissue donation to take place, if you are a registered donor.
- You **cannot** refuse compulsory mental health treatment, for example, treatment listed under a community treatment order, if you have one.

I refuse the following health care:

Specify the health care and the circumstances. Refer to **Part 4** of the **Do-It-Yourself Guide**.

Cross out this section by placing a large 'Z', if you do not want to refuse future health care.

Character limit: 1300

PART 5

Substitute Decision-Maker Acceptance

Each Substitute Decision-Maker you appoint must read the Information for Substitute Decision-Makers and sign this Form before you and your witness sign.

Substitute Decision-Maker (first preferred)

I accept my appointment as Substitute Decision-Maker and state that:

- I have read the **Information for Substitute Decision-Makers**; and
- I understand the obligations of an appointed Substitute Decision-Maker; and
- I undertake to act in accordance with any known values and wishes of the person making the appointment; and
- I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person's individuality.

Cross out this section by placing a large 'Z', if you are not appointing a first preferred person

Full name:*	.....
Signature:*	.....
Date (dd/mm/yyyy):*	...../...../.....

Substitute Decision-Maker

I accept my appointment as Substitute Decision-Maker and state that:

- I have read the **Information for Substitute Decision-Makers**; and
- I understand the obligations of an appointed Substitute Decision-Maker; and
- I undertake to act in accordance with any known values and wishes of the person making the appointment; and
- I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person's individuality.

Cross out this section by placing a large 'Z', if you are not appointing an additional person.

Full name:*	.....
Signature:*	.....
Date (dd/mm/yyyy):*	...../...../.....

PART 5 *cont.*

Substitute Decision-Maker

I accept my appointment as Substitute Decision-Maker and state that:

- I have read the **Information for Substitute Decision-Makers**; and
- I understand the obligations of an appointed Substitute Decision-Maker; and
- I undertake to act in accordance with any known values and wishes of the person making the appointment; and
- I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person's individuality.

Cross out this section by placing a large 'Z', if you are not appointing an additional person.

Full name:*	.....
Signature:*	.....
Date (dd/mm/yyyy):*	...../...../.....

Substitute Decision-Maker

I accept my appointment as Substitute Decision-Maker and state that:

- I have read the **Information for Substitute Decision-Makers**; and
- I understand the obligations of an appointed Substitute Decision-Maker; and
- I undertake to act in accordance with any known values and wishes of the person making the appointment; and
- I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person's individuality.

Cross out this section by placing a large 'Z', if you are not appointing an additional person.

Full name:*	.....
Signature:*	.....
Date (dd/mm/yyyy):*	...../...../.....

PART 6

Expiry date *(optional)*

Only complete this part if you want this Advance Care Directive to have an expiry date. Refer to **Part 6** of the **Do-It-Yourself Guide**.

This Advance Care Directive expires on: (dd/mm/yyyy)	...../...../.....

PART 7

Witnessing

You and your witness must initial and date each page of this Advance Care Directive before you and your witness sign this page.

*Take both the **Information Statement** and **Information for Witnesses**, located in your Advance Care Directive Kit, with you to get your Advance Care Directive witnessed.*

Use the extra execution statement space if the person, due to an injury, illness or disability executed this Form in another way such as by placing a 'mark', or if someone signed on their behalf.

a) Signature of person giving this directive *(You sign here)*

You declare that:

- I give this Advance Care Directive of my own free will; and
- I certify that I understand the information in the **Information Statement** given to me by my authorised witness.

Full legal name:*	.....
Signature:*	.....
Date (dd/mm/yyyy):*	...../...../.....

b) Signature of authorised witness

The authorised witness certifies that:

- I meet the requirements of an authorised witness in accordance with Section 15 of the Act and as specified in the **Information for Witnesses**; and
- I gave the person making this Advance Care Directive the **Information Statement** as per Section 15(1)(b) of the Act; and
- At the time of signing the document, the person giving this Advance Care Directive appeared to understand the **Information Statement** and appeared to have decision-making capacity; and
- The person appeared to freely and voluntarily make this Advance Care Directive; and
- The person, or someone on their behalf, signed this document in my presence.

Full name:*	.....
Witness category:*	.....
Phone:*	.....
Signature/stamp of witness:*	
Date (dd/mm/yyyy):*	...../...../.....
Extra execution statement:	

PART 8

Interpreter statement

If an interpreter assisted in the preparation of this document:

If an interpreter helped you to prepare this document, they complete this section. They can fill in this section before the document is witnessed or at the time the document is witnessed.

Refer to the **Information for Interpreters** and **Part 8** of the **Do-It-Yourself Guide.**

Cross out this section by placing a large 'Z' if an interpreter was not used in the preparation of this document.

Name of interpreter:*	.....

If accredited with the National Accreditation Authority:

NAATI number:	.....

I meet the requirements of an interpreter under Section 14(2) of the Act.

I provided a true and correct interpretation to facilitate the witnessing of the document.

Signature of interpreter:*	.....
Date (dd/mm/yyyy):*	...../...../.....

You have reached the end of this Form.

It is recommended that you **review your Advance Care Directive every two years**, or whenever there is a change in your personal or medical circumstances.

- Please keep your original Advance Care Directive safe and accessible for when it is needed.
- Ensure that your Substitute Decision-Maker/s (if any) has read and understood the contents of your Advance Care Directive.
- Your Advance Care Directive can be uploaded to your My Health Record and should be shared with your Substitute Decision-Maker/s and relevant health practitioner/s and/or health service/s.