



Office of the  
Public Guardian

Helpline  
0300 456 0300



# Lasting power of attorney for health and welfare

## Section 1 The donor

You are appointing other people to make decisions on your behalf.  
You are 'the donor'.

**Restrictions** – you must be at least 18 years old and be able to understand and make decisions for yourself (called 'mental capacity').



**Help?**

For help with this section, see the Guide, part A1.

**If you are filling this in for a friend or relative** and they can no longer make decisions independently, they can't make an LPA. See the Guide 'Before you start' for more information.

Title	First names	
MISS	HANNAM SUTCLIFFE	
Last name		
LAW		
Any other names you're known by (optional – eg your married name)		
Date of birth	Office of the Public Guardian	
18 08 1925		
Day	Month	Year
Address		
61 BOOTH CRESCENT		
ROSSENDALE		
Postcode	BB4 9BU	
Email address (optional)		
N/A		
Office of the Public Guardian		
Changed before registration		

**For OPG office use only**

LPA registration date	OPG reference number	
21 09 2017	2001-6938-0735	
Day	Month	Year

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LPIH Health and welfare (07.15)



## Section 2 The attorneys

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The people you choose to make decisions for you are called your 'attorneys'. Your attorneys don't need special legal knowledge or training. They should be people you trust and know well. Common choices include your husband, wife or partner, son or daughter, or your best friend.

**You need at least one attorney, but you can have more.**

You'll also be able to choose 'replacement attorneys' in section 4. They can step in if one of the attorneys you appoint here can no longer act for you.

**Restrictions** - Attorneys must be at least 18 years old and must have mental capacity to make decisions.



**Help?**

For help with this section, see the Guide, part A2.

Title	First names	
MR	JOHN LINDSAY	
Last name		
HAYHURST		
Date of birth		
13	02	1949
Day	Month	Year
Address		
20 GREAVE CLOUGH		
DRIVE		
BACUP		
Postcode	0213 9HP	
Email address (optional)		
JOHN@HAYHURST.NET		

Title	First names				
Last name					
Date of birth					
Day	Month	Year			
Address					
Postcode					
Email address (optional)					

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Public Guardian  
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registered



# Section 2 - continued

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Title First names

Last name

Date of birth

Day Month Year

Address

Postcode

Email address (optional)

Title First names

Last name

Date of birth

Day Month Year

Address

Postcode

Email address (optional)

Office of the  
Public Guardian  
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registration

**More attorneys** - I want to appoint more than 4 attorneys. Use Continuation sheet 1.

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## Section 3

# How should your attorneys make decisions?

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You need to choose whether your attorneys can make decisions on their own or must agree some or all decisions unanimously.



Whatever you choose, they must always act in your best interests.

I only appointed one attorney (turn to section 4)

How do you want your attorneys to work together? (tick one only)

**Jointly and severally**

Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish, but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work.

If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.

**Jointly**

Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court.

**Be careful** – if one attorney dies or can no longer act, all your attorneys become unable to act. This is because the law says a group appointed 'jointly' is a single unit. Your LPA will stop working unless you appoint at least one replacement attorney (in section 4).

**Jointly for some decisions, jointly and severally for other decisions**

Attorneys must agree unanimously on some decisions, but can make others on their own. If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on Continuation sheet 2. The wording you use is important. There are examples in the Guide, part A3.

**Be careful** – if one of your attorneys dies or can no longer act, none of your attorneys will be able to make any of the decisions you've said should be made jointly. Your LPA will stop working for those decisions unless you appoint at least one replacement attorney (in section 4). Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys.



### Help?

For help with this section, see the Guide, part A3.



If you choose 'jointly for some decisions...', you may want to take legal advice, particularly if the examples in part A3 of the Guide don't match your needs.



# Section 4 Replacement attorneys

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This section is optional, but we recommend you consider it

Replacement attorneys are a backup in case one of your original attorneys can't make decisions for you any more.

**Reasons replacement attorneys step in** – if one of your original attorneys dies, loses capacity, no longer wants to be your attorney or is no longer legally your husband, wife or civil partner.



**Help?**

For help with this section, see the Guide, part A4.

**Restrictions** – replacement attorneys must be at least 18 years old and have mental capacity to make decisions.

Title	First names	Title	First names
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name		Last name	
<input type="text"/>		<input type="text"/>	
Date of birth		Date of birth	
<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Month
Address		Address	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Postcode	<input type="text"/>	Postcode	<input type="text"/>

Office of the Public Guardian  
Changed before registration

**More replacements** – I want to appoint more than two replacements. Use Continuation sheet 1.

## When and how your replacement attorneys can act

Replacement attorneys usually step in when one of your **original** attorneys stops acting for you. If there's more than one **replacement** attorney, they will all step in at once. If they **fully** replace your original attorney(s) at once, they will usually act jointly. You can change some aspects of this, but most people don't. See the Guide, part A4.



You should consider taking legal advice if you want to change how your replacement attorneys act.

I want to change when or how my attorneys can act (optional). Use Continuation sheet 2.

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LP1H Health and welfare (07.15)



# Section 5

## Life-sustaining treatment

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**!** This is an important part of your LPA.

You must choose whether your attorneys can give or refuse consent to life-sustaining treatment on your behalf.

Life-sustaining treatment means care, surgery, medicine or other help from doctors that's needed to keep you alive, for example:

- a serious operation, such as a heart bypass or organ transplant
- cancer treatment
- artificial nutrition or hydration (food or water given other than by mouth)

Whether some treatments are life-sustaining depends on the situation. If you had pneumonia, a simple course of antibiotics could be life-sustaining.

Decisions about life-sustaining treatment can be needed in unexpected circumstances, such as a routine operation that didn't go as planned.

You can use section 7 of this LPA to let your attorneys know more about your preferences in particular circumstances (this is optional).



**Help?**  
For help with this section, including how your LPA relates to an 'advance decision', see the Guide, part A5.

**Who do you want to make decisions about life-sustaining treatment?** (sign only one option)

**Option A – I give my attorneys authority** to give or refuse consent to life-sustaining treatment on my behalf.

If you choose this option, your attorneys can speak to doctors on your behalf as if they were you.

Signature or mark

*Handwritten signature: AS New*

Date signed or marked

01 08 2017

Day Month Year

**Option B – I do not give my attorneys authority** to give or refuse consent to life-sustaining treatment on my behalf.

If you choose this option, your doctors will take into account the views of the attorneys and of people who are interested in your welfare as well as any written statement you may have made, where it is practical and appropriate.

Signature or mark

*Office of the Public Guardian stamp: This box was blank when registered*

Date signed or marked

Blank date boxes

Day Month Year

### Witness

The witness must not be an attorney or replacement attorney appointed under this LPA, and must be aged 18 or over.

Signature or mark

*Handwritten signature*

Full name of witness

*RUTH WINTER*

Address

**Winter Solicitors**  
Winter House  
Lee Street, Bacup  
Rossendale OL13 0BQ

Postcode

Blank postcode box



# Section 6

## People to notify when the LPA is registered

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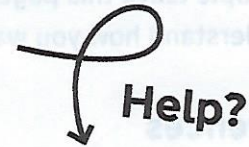
### This section is optional

You can let people know that you're going to register your LPA. They can raise any concerns they have about the LPA – for example, if there was any pressure or fraud in making it.

When the LPA is registered, the person applying to register (you or one of your attorneys) must send a notice to each 'person to notify'.

**You can't put your attorneys or replacement attorneys here.**

People to notify can object to the LPA, but only for certain reasons (listed in the notification form LP3). After that, they are no longer involved in the LPA. Choose people who care about your best interests and who would be willing to speak up if they were concerned.



For help with this section, see the Guide, part A6.

Title	First names
MRS	SUSAN ANN
Last name	HAYHURST
Address	20 GREAVE CLOUGH DRIVE BACUP
Postcode	OL13 9HP

Title	First names
	Office of the Public Guardian
Last name	This box was blank when registered
Address	
Postcode	

Title	First names
Last name	This box was blank when registered
Address	
Postcode	

Title	First names
Last name	This box was blank when registered
Address	
Postcode	

I want to appoint another person to notify (maximum is 5) – use Continuation sheet 1.



## Section 7

# Preferences and instructions

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### This section is optional



You can tell your attorneys how you'd **prefer** them to make decisions, or give them specific **instructions** which they must follow when making decisions.

Most people leave this page blank – you can just talk to your attorneys so they understand how you want them to make decisions for you.



For help with this section, see the Guide, part A7.

### Preferences

Your attorneys don't have to follow your preferences but they should keep them in mind. For examples of preferences, see the Guide, part A7.

**Preferences** – use words like 'prefer' and 'would like'


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I need more space – use Continuation sheet 2.

### Instructions

Your attorneys will have to follow your instructions exactly. For examples of instructions, see the Guide, part A7.



If you want to give instructions, you may want to take legal advice.

**Be careful** – if you give instructions that are not legally correct they would have to be removed before your LPA could be registered.

**Instructions** – use words like 'must' and 'have to'


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I need more space – use Continuation sheet 2.



# Section 8

## Your legal rights and responsibilities

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### **!** Everyone signing the LPA must read this information

In sections 9 to 11, you, the certificate provider, all your attorneys and your replacement attorneys must sign this lasting power of attorney to form a legal agreement between you (a deed).

**By signing this lasting power of attorney, you (the donor) are appointing people (attorneys) to make decisions for you.**

**LPAs are governed by the Mental Capacity Act 2005 (MCA)**, regulations made under it and the MCA Code of Practice. Attorneys must have regard to these documents. The Code of Practice is available from [www.gov.uk/opg/mca-code](http://www.gov.uk/opg/mca-code) or from The Stationery Office.

#### **Your attorneys must follow the principles of the Mental Capacity Act:**

1. Your attorneys must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorneys must help you to make as many of your own decisions as you can. They must take all practical steps to help you to make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision through those steps.
3. Your attorneys must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorneys must act and make decisions in your best interests when you are unable to make a decision.
5. Before your attorneys make a decision or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

**Your attorneys must always act in your best interests.** This is explained in the Application guide, part A8, and defined in the MCA Code of Practice.

**Before this LPA can be used** it must be registered by the Office of the Public Guardian (OPG). Your attorneys can only use this LPA if you don't have mental capacity.

**Cancelling your LPA:** You can cancel this LPA at any time, as long as you have mental capacity to do so. It doesn't matter if the LPA has been registered or not. For more information, see the Guide, part D.

**Your will and your LPA:** Your attorneys cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys must then send the registered LPA, any certified copies and a copy of your death certificate to the Office of the Public Guardian.

**Data protection:** For information about how OPG uses your personal data, see the Guide, Part D.



For help with this section, see the Guide, part A8.



## Section 9

### Signature: donor

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By signing on this page I confirm all of the following:

- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I appoint and give my attorneys authority to make decisions about my health and welfare, when I cannot act for myself because I lack mental capacity, subject to the terms of this LPA and to the provisions of the Mental Capacity Act 2005
- I confirm I have chosen either Option A or Option B about life sustaining treatment in section 5 of this LPA
- I have either appointed people to notify (in section 6) or I have chosen not to notify anyone when the LPA is registered
- I agree to the information I've provided being used by the Office of the Public Guardian in carrying out its duties



### Be careful

Sign this page and section 5 (and any continuation sheets) before anyone signs sections 10 and 11.

#### Donor

Signed (or marked) by the person giving this lasting power of attorney and delivered as a deed.

Signature or mark

Date signed or marked

01 08 2017

Day Month Year

You must also sign Section 5 (page 6) at the same time as you sign this page.

If you have used Continuation sheets 1 or 2 you must sign and date each continuation sheet at the same time as you sign this page.

If you can't sign this LPA you can make a mark instead. If you can't sign or make a mark you can instruct someone else to sign for you, using Continuation sheet 3.

#### Witness

The witness must not be an attorney or replacement attorney appointed under this LPA, and must be aged 18 or over.

Signature or mark

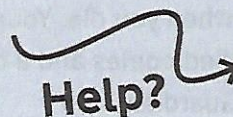
Full name of witness

RUTH WINTER,

Address

Winter Solicitors  
Winter House  
Lee Street, Bacup  
Rossendale OL13 0BQ

Postcode



Help?

For help with this section, see the Guide, part A9.



# Section 10

## Signature: certificate provider

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**!** Only sign this section after the donor has signed section 9

The 'certificate provider' signs to confirm they've discussed the lasting power of attorney (LPA) with the donor, that the donor understands what they're doing and that nobody is forcing them to do it. The 'certificate provider' should be either:

- someone who has known the donor personally for at least 2 years, such as a friend, neighbour, colleague or former colleague
- someone with relevant professional skills, such as the donor's GP, a healthcare professional or a solicitor

A certificate provider **can't** be one of the attorneys.



For help with this section, see the Guide, part A10.

### Certificate provider's statement

I certify that, as far as I'm aware, at the time of signing section 9:

- the donor understood the purpose of this LPA and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this LPA
- there is nothing else which would prevent this LPA from being created by the completion of this instrument

By signing this section I confirm that:

- I am aged 18 or over
- I have read this LPA, including section 8 'Your legal rights and responsibilities'
- there is no restriction on my acting as a certificate provider
- the donor has chosen me as someone who has known them personally for at least 2 years **OR**
- the donor has chosen me as a person with relevant professional skills and expertise

**Restrictions** – the certificate provider must not be:

- an attorney or replacement attorney named in this LPA or any other LPA or enduring power of attorney for the donor
- a member of the donor's family or of one of the attorneys' families, including husbands, wives, civil partners, in-laws and step-relatives
- an unmarried partner, boyfriend or girlfriend of either the donor or one of the attorneys (whether or not they live at the same address)
- the donor's or an attorney's business partner
- the donor's or an attorney's employee
- an owner, manager, director or employee of a care home where the donor lives

### Certificate provider

Title First names

MISS RUTH

Last name

WINTER

Address

Winter Solicitors  
Winter House  
Lee Street, Bacup  
Rossendale OL13 0BQ

Postcode

Signature or mark

*[Handwritten signature]*

Date signed or marked

01 08 2017

Day Month Year



# Section 11

## Signature: attorney or replacement

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**!** Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page – make more copies if you need to.

**By signing this section I understand and confirm all of the following:**

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered
- I can make decisions and act only when the donor lacks mental capacity.



**Help?**

For help with this section, see the Guide, part A11.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

### Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

*John Lindsay*

Date signed or marked

01 08 2017

Day Month Year

Title First names

MR JOHN LINDSAY

Last name

MAYHURST

### Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

*Ruth Wintak*

Full names of witness

RUTH WINTAK

Address

Winter Solicitors  
Winter House  
Lee Street, Bacup  
Rossendale OL13 0BQ

Postcode