



West Cumbria Carers Proforma
Lasting Power of Attorney
Health and Care Decisions

Please give as many details as possible. If you have any queries or would like help, please contact our office on 01900 821976

This is a West Cumbria Carers form, not the official Lasting Power of Attorney form.

About You (the person giving the power)

Title		Address Including postcode	
First Name			
Middle Names			
Last Name			
Date of Birth			
Other names known by		E-Mail	
Have you already made an 'advance decision' and want it to remain? If yes, please attach it to this form			Yes / No

When it has been prepared, the LPA needs to be signed by someone who knows you to say that you, the Donor, understand what the LPA is, understand the authority you are giving your Attorney(s) and that you are not being pressurised into making the LPA. This person is called the 'Certificate Provider.'

It is important you choose your Certificate Provider carefully to meet the criteria:

- They must have known you well for at least two years (that is, more than an acquaintance) and not be related to you or the Attorney(s) (cannot be a family member of the Donor or the Attorneys) and cannot be employed by or paid by you.
- Or**
- They must have relevant professional skills to make the assessment of you, for example, your GP, health professional or solicitor

Certificate Provider Details

Title		Address including postcode	
First Name			
Middle Names			
Last Name			
How do you, the Donor, know this person?			

About Your Attorney(s):

You need to appoint at least one person as an Attorney, but you can choose to appoint more than one. An Attorney can be a family member, a trusted friend or a professional advisor. If you are married or in a civil partnership, **your husband, wife or civil partner does not have legal authority to make decisions for you** so if you want them to, you will have to include them as an Attorney.

List your Attorneys on the next page.

These are the people I want as my Attorneys (fill in as many columns as you want – for more, use a separate sheet)

	Attorney 1	Attorney 2	Attorney 3	Replacement Attorney*
Title				
First Name				
Middle Names				
Last Name				
Date of Birth				
Address Including Postcode				
Email (optional)				
Relationship to you				
This person has agreed to be my Attorney (Tick)				
This person has mental capacity and understands the Attorney role and responsibilities (Tick)				
This person IS NOT on the Disclosure and Barring Service barred list (Tick)				
Another adult aged 18+, other than the donor, lives at this address (Tick)				

Your Attorney(s) appointment will be ended if:

- they refuse to act, they die or lack capacity to act
- If they have a marriage or civil partnership with you that is dissolved or annulled

***Replacement Attorneys**

You can choose to appoint people as Replacement Attorneys. They will stand in if an Attorney is **PERMANENTLY** no longer able to act on your behalf. If there is no Replacement Attorney and your Attorney(s) are no longer able to act, the LPA will no longer be valid.

A Replacement Attorney is subject to the same conditions as your original choices.

Notifying others – this is optional

If you want, you can choose up to five people to be informed when the LPA is registered. These people can raise concerns on your behalf and may be members of your own family or close friends. They are under no obligation to do anything unless they want to object to the registration.

Title		Address including postcode	
First Name			
Middle Names			
Last Name			
This person IS NOT an Attorney or someone who lives with an Attorney			(Tick) <input type="checkbox"/>

Use a separate sheet if you want to notify more than one person

Restrictions and Conditions

<i>Optional</i> - If you want to include any legally binding instructions to limit or restrict what your Attorney(s) do, please tell us here. Use words like 'must' or 'have to'.	
<i>Optional</i> - If you have preferences that are not legally binding but give your Attorney(s) guidance, please tell us here. Use words like 'prefer' or 'would like'.	

Additional Information

Do you already have a previous Health LPA?	Yes / No If so, please attach it to this form
Are you physically able to sign?	Yes / No
Would you like your Attorney(s) to be paid? Note: Professional Attorneys will expect to be paid for their services. Family and friends may not expect to be paid but would normally be repaid for any expenses they incur.	Yes / No
Please tell us any additional information you feel is relevant to this application.	

Who do you want West Cumbria Carers to write to and phone about this application? Give phone number	Name
How did you find out about West Cumbria Carers LPA service?	

<p>Donor's Declaration</p> <ul style="list-style-type: none"> • I confirm that I am over the age of 18 years and am of sound mind • I certify that the information given in this form is true and complete and correctly represents my wishes and is to be used as a basis for preparing my LPA • I understand that on registration there may be a fee payable to the Office of the Public Guardian dependent upon my financial circumstances (£82 maximum as at 1st April 2017 – subject to changes by the OPG) • I understand there is a fee payable to West Cumbria Carers to cover the preparation and registration of each LPA and associated administration costs: Silver service £165, Gold service £200. • You have 14 days to change your mind. If you do not cancel within that time we reserve the right to charge half of the West Cumbria Carers fee should you decide not to proceed after we have prepared the LPA. • I understand West Cumbria Carers will contact me, or those I have nominated as my attorneys, to confirm my instructions and clarify any further information required, and give my consent. Please refer to the statement (right) about how we store your details before signing this form. <p>Donor Signature</p> <p>Donor Name</p> <p>Contact Signature if Donor cannot sign</p> <p>Date</p>	<p>LPA Confidentiality and Consent Agreement</p> <p>In accordance with the General Data Protection Regulations, West Cumbria Carers will record & store the information you have given us in order to complete Lasting Power of Attorney registration documents. We take seriously our responsibilities regarding safe, effective & appropriate use of what is disclosed or discussed by you.</p> <p>We will use this information to keep in touch with you during the completion of the service you have requested. Once this service is completed the information will be retained & stored for a maximum of 14 months, except invoices required for longer for accounting purposes.</p> <p>As part of the service delivery, the information you have given will be shared with the Office of the Public Guardian.</p> <p>We will never share your information with any other third party without further consent from you.</p>
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Please return this completed Proforma to:

West Cumbria Carers LPA, Suite 7f Lakeland Business Park, Lamplugh Road, Cockermouth, CA13 0QT

Or email lpa@westcumbriacarers.co.uk