

DWDV form 2a

Appointment of Medical Treatment Decision Maker/s

Made under the
Medical Treatment Planning and Decisions Act 2016 (Vic.)

Your Medical Treatment Decision Maker has the **legal authority** to make medical decisions on your behalf if you do not have decision-making capacity to make such decisions.

Your Medical Treatment Decision Maker is the first person you list below who is reasonably available, and willing and able to make decisions on your behalf. Only adults can appoint a Medical Treatment Decision Maker.

1. Personal details

Name:	
Address:	
State:	
Postcode:	
Date of birth:	
Phone:	

5. Witnessing

Three people must be involved in witnessing these appointments: you, an authorised witness such as a registered medical practitioner, and another adult witness.

Your signature:	
Date:	

Each witness must certify that at the time of signing the document:

- the person making this appointment appears to have decision-making capacity and appears to understand the nature and consequences of making the appointment and revoking any previous appointment; and
- the person appears to freely and voluntarily sign the document; and
- the person signed the document in my presence and in the presence of the second witness; and
- I am not the person's Medical Treatment Decision Maker under this appointment.

Witness 1 - Authorised witness

This must be a registered medical practitioner or someone authorised to witness affidavits.

Full name:	
Qualification and registration number:	
Signed:	
Date:	

Witness 2 - Another adult witness

Full name:	
Signed:	
Date:	