dying with dignity victoria

respect for the right to choose

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:	

2. Medical Treatment Decision Maker details

I hereby revoke any previous appointment of an Enduring Power of Attorney (Medical Treatment) and any other Medical Treatment Decision Maker, however described.

I appoint as my first Medical Treatment Decision Maker:

Medical Treatment Decision Maker 1

Name:	
Date of birth:	
Address:	
Phone number:	

Statement of Acceptance

I accept my appointment as Medical Treatment Decision Maker and state that:

- I understand the obligations of an appointed Medical Treatment Decision Maker; and
- I undertake to act in accordance with any known preferences and values of the person making this 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; and
- I have read and understood any Advance Care Directive the person has completed before, or at the same time as, this appointment.

Signed by MTDM 1:	
Date:	

Witness

I certify that I witnessed the signing of this Statement of Acceptance:

Name of witness:	
Signed:	
Date:	

I appoint as my second Medical Treatment Decision Maker (a second MTDM is optional):

Medical Treatment Decision Maker 2

Name:	
Date of birth:	
Address:	
Phone number:	

Statement of Acceptance

I accept my appointment as Medical Treatment Decision Maker and state that:

- I understand the obligations of an appointed Medical Treatment Decision Maker; and
- I undertake to act in accordance with any known preferences and values of the person making this 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; and
- I have read and understood any Advance Care Directive the person has completed before, or at the same time as, this appointment.

Signed by MTDM 2:	
Date:	

Witness

I certify that I witnessed the signing of this Statement of Acceptance:

Name of witness:	
Signed:	
Date:	

3. Limitations or conditions

This section is optional, but if there are any conditions you want placed on these appointments, record them here.

4. Translators (only if involved)

(a) If an interpreter is present when this document is witnessed:

Name of interpreter:	
Accreditation number:	

I certify that I am competent to translate from English to the language noted below; and that I provided a true and correct interpretation to facilitate the witnessing of this document:

Language:	
Signed:	
Date:	

(b) If an interpreter assisted with the preparation of this document:

Name of interpreter:	
Accreditation number:	

I certify that I am competent to translate from English to the language noted below; and that I provided a true and correct interpretation of the contents of the document and all material relevant to its completion:

Language:	
Signed:	
Date:	

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:	