



QUESTIONNAIRE

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Please complete this questionnaire as fully as possible before you see us. We will go through it with you, discuss your wishes and then prepare your Lasting Powers of Attorney – property and affairs – and/or personal welfare ready for signature

1. Your details			Name 3	
Forenames		Date of birth	Occupation	
Surname			Address	
Former surname and reason for change of surname				
Address			Tel	Mobile
		Postcode	Email address	
Tel no			Name 4	
Mobile no			Date of birth	Occupation
Email address			Address	
Date of birth				
Are you known by any	other names? If	so, please give full details	Tel	Mobile
			Email address	
2. Your attorneys (yo	ou can appoint as	s many as you wish)		
An attorney is the person you choose and appoint to make decisions on your behalf. It is an important role and the person you have chosen has to agree to take it on. You need to choose someone you know well, who can trust to make decisions in your best interests and who is happy to take on the role. Please complete full names, date of birth and address and contact details ie. telephone, mobile and email (if any)		If you wish to appoint more than four attorneys, please complete and attach a separate sheet. I have attached a separate sheet for additional attorneys		
			more than one attorney you must attorneys are to act	
Name 1			If you appoint your attorneys "together", this means they all have to take decisions and act together for you. If you appoint them "together and independently", they can all take decisions	
Date of birth	Occupation	on		
Address		and act together for you but also take decisions and act separately for you. Please read the guidance notes and/or we can advise you further.		
Tel	Mobile		How do you wish	your attorneys to act?
Email address			Together	
Name 2 Date of birth Occupation		Together and independently		
		Together on some matters and independently on others (please specify on separate sheet attached)		
				Address
Tel Mobile				
Email address				

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4. Replacement attorneys You may appoint a replacement attorney to act if one or any of your attorneys cannot continue in the role. But you are not compelled to do so. Name 1 Date of birth Occupation Address Tel Mobile Email address Name 2 Date of birth Occupation Address Tel Mobile Email address If you wish to appoint more than four attorneys, please complete and attach a separate sheet. I have attached a separate sheet for additional attorneys 5. Placing restrictions and/or conditions on the attorney(s) you are appointing Yes, I wish to place restrictions and/or conditions on my attorneys and attach my requirements (please see guidance notes and/or ask us for further advice) a) For my Personal Welfare LPA b) For my Property and Affairs LPA No, I do not wish to place restrictions and/or conditions on my attorneys a) For my Personal Welfare LPA b) For my Property and Affairs LPA If you say no, your attorney(s) will be able to take any decisions about your property and affairs or personal welfare

If you do place restrictions or conditions, these must be followed by your attorney(s). Please specify what those restrictions and/or conditions are but make sure they will

In your Personal Welfare LPA you are giving your attorney(s) the authority to make any decisions about your personal welfare that you can make subject to any restrictions or conditions you place on them The law requires you to specifically choose if you want your attorney to have the authority to give or refuse consent to life-sustaining treatment on your behalf when you lack capacity or not. You **must** specify your decision on the form as there should be no ambiguity

6. Named Persons

You can choose up to five people to be notified when an application to register your LPA is made. You can choose anyone you want. This is an important safeguard because it gives the people you have chosen the right to object to registration of the LPA. If you do not choose anyone, you will need two certificate providers (see guidance notes).

You should name at least one person to be notified, if at all possible. Always let them know you have chosen them for this role. For each person you want to be notified, place a cross in the appropriate title box and enter their name and address including postcode. Phone numbers and email addresses are not obligatory but will make contacting them easier.

a) I do not wish to have any Named Persons \Box	
b) My named persons are:	

Name 1	
Address	

Tel	Email

Name 2	
Address	
Tel	Email

Name 3	
Address	
Tel	Email

Name 4	
Address	
Tel	Email

Name 5	
Address	
Tel	Email



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about your choice. Please see guidance notes.

that you can take.

work in practice

Life-sustaining treatment

2





A certificate provider is a person you must select to confirm that you understand the LPA and that you are not under any pressure to make it. Choosing a provider is a crucial safeguard of an LPA. It is important to remember s/he must complete the appropriate part of the LPA as soon as you fill in and sign your parts of the LPA. The certificate is a vital part of the LPA document. Without it, the LPA is not valid and cannot be registered. For this reason, the certificate must not be detached from the LPA.

You can choose two types of certificate provider:

Category A - Knowledge certification - a knowledgebased provider is someone that you have known personally for at least two years.

Category B - Skills certification - A skills-based provider is someone who considers that they have the relevant professional skills and expertise to certify your LPA. Category B providers are entitled to charge a fee for providing the certificate

Note:

- a) You need **one** provider if you have chosen one or more named persons
- b) You will need **two** providers if you have not chosen any named persons

Name 1		
Address		
Tel	Mobile	
Email		

Name 2	
Address	
Tel	Mobile
Email	

I confirm my certificate provider(s) are over 18	

General

You cannot use the LPA form until it has been registered by the Public Guardian (government body that helps to protect rights of the mentally incapacitated). This can take some weeks to complete. Your LPA can be registered any time after you have completed it and it has been signed by all those necessary. Registering the LPA quickly means it will be ready for use by your attorney(s) when it is needed.

If your LPA is registered long before it is needed you may need to check the document occasionally to ensure its contents are still relevant to your circumstances.

You cannot change the LPA if it has been signed, witnessed and certified. But you can include any change of contact details of your named persons or attorney/s on a separate sheet and keep it with your LPA.

Any change to your LPA – eg. any restrictions or conditions or if you want to appoint a new attorney – requires a new LPA.

Guardian Solicitors

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