

HELP US HELP YOU!

Your Advance Statements and Decisions

Designed by local people for local people
with the support of Barnsley Arena and Voluntary Action Barnsley.

These are my Advance Statements and Decisions, which I have made in case I have a crisis and am unable to take part in decisions about my care/welfare/home/finances/health and or treatment

My Name:

Date of Birth:

My Address:

Telephone: _____

I can confirm I am over 18 years of age and understand that this document remains effective until I make it clear my wishes have changed. I do not have a Lasting Power of Attorney (LPA) or a Court appointed Deputy.

Signed _____

Date _____

Print name _____

This agreement has been prepared with the support of:

Signed _____ Date _____

Print name _____ Tel no. _____

Signed _____ Date _____

Print name _____ Tel no. _____

The following people have a copy of these advance statements and decisions:

Name: _____ Contact Number: _____

Position _____

Name: _____ Contact Number: _____

Position: _____

When I was well and had the ability to make decisions the following worked well for me (this may include the way I was looked after, what helps if I become distressed, who could help me, what helps if my behaviour causes concern and it could include medication which has had a good effect for me).

Things that have not worked well in the past and what does not help if I become distressed and other things which do not help?

These are the people I would like to be told immediately if I am in distress, have been admitted to care or hospital (include telephone numbers)

These are the people I would like to be able to visit me

These are the people I do not wish to visit me

Other people to contact and tell that I am not at home, e.g.
milkman/newsagent/home help/work/care services etc (include telephone
numbers)

I don't want to tell the following people that I am unwell, in care or in hospital

Needs that are special to me which I would like those caring for me to know about e.g. diet, physical health, allergies, religion, cultural needs, the way I like to dress, what I like to drink, TV program's I like, and other things I enjoy doing

CHILDREN OR DEPENDANTS

Complete this section if you have children or dependants at home and would like them to be cared for in particular way.

I would like the following people to care for my children or dependants

In the short term _____

In the long term _____

When someone explains where I am to my children I would like them to say the following

In the short term _____

In the long term _____

PETS

Complete this section if you have pets to be cared for

I have the following pets:

I would like the following people to look after my pets

In the short term _____

In the long term _____

People may need to know the following about my pets

SECURITY AND MY HOME

I would like the following person to make sure my home is secure

In the short term _____

In the long term _____

I would like them to hold a set of keys (please tick) Yes No

At the moment a spare set of keys is held by

FINANCES

This is who I would like you to consult over my financial affairs and property should I be unable to do so.

NB. To legally appoint someone to act on your behalf in the event of you losing capacity then a Lasting Power of Attorney (LPA) must be created. For more information on LPAs contact the Office of the Public Guardian. www.publicguardian.gov.uk Tel: 0845 330 2900

The following person currently assists me with my financial affairs:

Name: _____

Address: _____

Tel no: _____

Do I have an agent appointed by the DWP? Yes No
(someone who is authorised to sign for and cash my pension on my behalf)

This person is _____

Do I have an authorised signatory for my bank account/s?
(someone who is able to sign cheques and liaise with the bank on my behalf)

This person is _____

Have I a Lasting Power of Attorney?
(this is a legal document approved and registered with the Court of Protection)

This document is kept by _____

Have I an Enduring Power of Attorney ?
(This is a legal document completed before 1.10.07 Registered with and valid with the Office of the Guardian after 1.10.07)

This document is kept by _____

Have I a Solicitor?

This is _____

Have I a Will?

This is kept by _____

FUNERAL ARRANGEMENTS

This page is about, who to consult if I should die (who to inform regarding my religious considerations, which church to contact, who is aware of my wishes regarding funeral arrangements). Please set out your wishes or anything else you may wish to add below.

Continued on page 9 (optional)

This person has agreed to arrange my funeral.

This person is responsible for ensuring my funeral expenses are paid.

Advance Decision

Adults with the ability/ mental capacity to do so and who are aged 18 years of age or older have a legal right to refuse specified treatments in advance providing they are capable of understanding the implications of their decision. An Advance Decision will only apply at a time when the person lacks the mental capacity to consent to specific treatment. It is advised that in completing an Advance Decision that this is witnessed by a doctor.

NB an Advance Decision refusing life saving treatment must explicitly state what treatment is being refused even if life is at risk

What specific treatment is being **Refused?** Describe in detail!

In what circumstances will this refusal apply?

Name.....Witness name.....

Signature.....Signature.....

Date of birth.....Occupation.....

Address.....Address.....

.....

Date.....Date.....

Note: If you have more specific End of Life care needs you should seek the Preferred Priorities Care document which may be obtained from a health care professional or the End of Life Care Team.