

GUERNSEY STATUTORY INSTRUMENT

2025 No. 54

**The Capacity (Lasting Powers of Attorney) (Amendment)
Regulations, 2025**

Made

3rd June, 2025

Coming into operation

4th June, 2025

Laid before the States

THE COMMITTEE FOR HEALTH AND SOCIAL CARE, in exercise of the powers conferred on it by section 28 of the Capacity (Bailiwick of Guernsey) Law, 2020¹, by section 3 of the Capacity (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022², and all other powers enabling it in that behalf, hereby makes the following Regulations:-

Forms

Forms.

1. The forms entitled Form A1, A2 and A3 set out in the Schedule to these Regulations are substituted for the forms entitled Form A1, A2 and A3 set out in the Schedule to the Capacity (Lasting Power of Attorney) (Miscellaneous) Regulations, 2022.

The Register of Lasting Powers of Attorney

Prescribed information.

¹ Order in Council No. II of 2021; this enactment has been amended.

² Ordinance No. IX of 2022; this enactment has been amended.

2. The prescribed information for section 28(2)(b)(iii) of the Capacity (Bailiwick of Guernsey) Law, 2020 ("**the Law**") is whether the lasting power of attorney has been activated.

Prohibition etc. on the publication or communication of information.

3. (1) No information appearing on, or relating to, an entry on the Register may be communicated by His Majesty's Greffier to any person unless His Majesty's Greffier reasonably believes that -

- (a) the information is requested for the purposes of safeguarding the grantor of the lasting power of attorney, and
- (b) there is good reason why the information requested has not been obtained from the grantor.

(2) Copies and extracts (certified or uncertified) of any entry in the Register may be requested of His Majesty's Greffier, accompanied by the prescribed fee under regulation 3, by any of the following persons –

- (a) the grantor of the power of attorney to which the request relates ("**P**"),
- (b) the attorney of the power of attorney to which the request relates ("**A**"),
- (c) any person given written permission to do so by P or A,
- (d) any person whom His Majesty's Greffier reasonably believes requests such a copy or extract for the purpose of their exercising professional, regulatory, or law enforcement functions in relation to, or connected to, the safeguarding of P, including, but not limited to -

- (a) an Advocate of the Royal Court of Guernsey,
- (b) any servant or agent of the Committee,
- (c) any person given responsibility by or on behalf of the Chief Pleas for safeguarding on Sark and
- (d) an officer of police, and
- (e) any other person whom His Majesty's Greffier reasonably believes requests such a copy or extract for the purpose of safeguarding P.

(2) For the purpose of making a request under paragraph (1) -

- (a) any request must include such details relating to P or the applicant as His Majesty's Greffier may require, which may include, but are not limited to -
 - (i) the category of person set out in paragraph (1) which the applicant claims to fall into),
 - (ii) the reasons for making the request, and
 - (iii) what steps, if any, the applicant has taken to obtain the information from P.
- (b) His Majesty's Greffier may require such further information as he or she reasonably considers necessary for the purposes of such a request.

(4) Information appearing on, or relating to, an entry on the Register provided by His Majesty's Greffier may not be published or communicated to any person

other than the person making the request without the written permission of His Majesty's Greffier.

Fees.

4. (1) Subject to paragraph (2), the fee prescribed for the purpose of regulation 3(2) is £30 for each copy or extract provided by His Majesty's Greffier.

(2) His Majesty's Greffier may waive the fee prescribed in paragraph (1) where he or she considers it in the interest of justice to do so.

Interpretation.

5. In these Regulations, any expressions used have the same meanings as in the Law and the Capacity (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022, as the case may be.

Extent.

6. These Regulations shall have effect throughout the Bailiwick of Guernsey.

Citation.

7. These Regulations may be cited as the Capacity (Lasting Powers of Attorney) (Amendment) Regulations, 2025.

Commencement

8. (1) These Regulations (except for regulation 1 and the Schedule) shall come in force on the day after these Regulations are made.

(2) Regulation 1 and the Schedule shall come into force on 1st September 2025.

Dated this 3rd day of June 2025



Deputy A.H. Brouard

President of the Committee for Health & Social Care

For and on behalf of the Committee

SCHEDULE

Regulation 1

Form A1: Creation and registration of a Lasting Power of Attorney (LPA) for Property and Financial Affairs and for Health and Welfare matters

PLEASE COMPLETE IN BLOCK CAPITALS

Personal Details	
Name of Grantor (The name of the person making the Lasting Power of Attorney)	Please list below any previous names you have been known by
Address	Email address
Date and Place of birth	Phone number

Contact details for person to arrange LPA Registration Appointment (if not Grantor)	
Name	Phone number Email Address

To make an LPA for Property and Financial Affairs you must complete Part 1	To make an LPA for Health and Welfare matters you must complete Part 2
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Part 1 – Property and Financial Affairs	
a) Attorneys	
Name of Attorney (1) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	Phone Number
Address	Email address

Name of Attorney (2) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	Phone Number
Address	Email address

c) How can your attorneys act?	
SELECT ONE OPTION FROM THE BELOW:	
<p>Sole Attorney (Please circle below)</p> <p style="text-align: center;">YES/NO</p>	<p>If appointed solely: Please note – if your sole attorney dies or can no longer act, your LPA will no longer be valid unless you appoint at least one replacement attorney.</p>
<p>Jointly and severally (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>If appointed jointly and severally: Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work. If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.</p>
<p>Jointly (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>If appointed jointly: Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court. Please note – if one attorney dies or can no longer act, all your attorneys become unable to act. Your LPA will no longer be valid unless you appoint at least one replacement attorney</p>
<p>Jointly for some decisions and severally for others (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>If appointed jointly for some decisions and severally for others: Attorneys must agree unanimously on some decisions but can make others on their own. If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on in section (e) of this form. The wording you use is important.</p> <p>Please note – if one attorney dies or can no longer act, none of your attorneys will be able to make any of the decisions you've said should be made jointly. Your LPA will not be valid for those decisions unless you appoint at least one replacement attorney. Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys. These decisions should be specified in section (e) Instructions.</p>

d) Can the attorney(s) use the LPA with your agreement whilst you still have capacity to manage your property and financial affairs?

(Please circle below)

If you circle 'YES' your attorney can still only act with your agreement

If you circle 'NO' your attorney can only act after you lose capacity to manage your financial affairs and the LPA has been activated

YES / NO

This may be useful if you need your attorneys to go to the bank for you, or to manage your affairs whilst you are away on holiday.

e) Instructions, wishes or preferences

Please include any instructions, wishes or preferences for your attorneys.

You should include any restrictions on managing your property and financial affairs whilst you still retain capacity.

If you have chosen (in section c above) that you want your attorneys to make some decisions jointly and agree unanimously on these, you should list these decisions here. The wording you use is important.

Please write your instructions here:

f) Restrictions and conditions

Are there any decisions that the attorney/s cannot make?

Please specify here:

Please continue to the next page to create an LPA in relation to Health and Welfare matters

Part 2 - Health and Welfare Matters

a) Attorneys

Name of Attorney (1) [forename and surname]
(This is the person who will be able to make decisions on your behalf)

Date of birth

Phone Number

Address

Email address

Name of Attorney (2) [forename and surname]
(This is the person who will be able to make decisions on your behalf)

Date of birth

Phone Number

Address

Email address

Name of Attorney (3) [forename and surname]
(This is the person who will be able to make decisions on your behalf)

Date of birth

Phone Number

Address

Email address

Name of Attorney (4) [forename and surname]
(This is the person who will be able to make decisions on your behalf)

Date of birth

Phone Number

Address

Email address

b) Replacement Attorneys	
Name of replacement Attorney (1) [forename and surname] (This is the person who will be able to make decisions on your behalf if the named attorney(s) are no longer able to act for you)	
Date of birth	Phone Number
Address	Email address

Name of replacement Attorney (2) [forename and surname] (This is the person who will be able to make decisions on your behalf if the named attorney(s) are no longer able to act for you)	
Date of birth	Phone Number
Address	Email address

State in which order and on what basis your replacement Attorneys will replace your Attorneys set out at part (a):

NB If you do not do so, replacement will take place in accordance with the LPA Ordinance.

c) How can your attorneys act?	
SELECT ONE OPTION FROM THE BELOW:	
<p>Sole Attorney (Please circle below)</p> <p style="text-align: center;">YES/NO</p>	<p>If appointed solely: Please note – if your sole attorney dies or can no longer act, your LPA will no longer be valid unless you appoint at least one replacement attorney.</p>
<p>Jointly and severally (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>If appointed jointly and severally: Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work. If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.</p>
<p>Jointly (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court.</p> <p>Please note – if one attorney dies or can no longer act, all your attorneys become unable to act. Your LPA will no longer be valid unless you appoint at least one replacement attorney</p>
<p>Jointly for some decisions and severally for others (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>Attorneys must agree unanimously on some decisions but can make others on their own. If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on in section (e) of this form. The wording you use is important.</p> <p>Please note – if one attorney dies or can no longer act, none of your attorneys will be able to make any of the decisions you've said should be made jointly. Your LPA will not be valid for those decisions unless you appoint at least one replacement attorney. Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys. These decisions should be specified in section (e) 'Instructions, wishes or preferences'.</p>

d) Life sustaining treatment decisions

You must choose whether you are willing to allow your attorney(s) to make decisions about life-sustaining treatment at a time when you no longer have capacity to make this decision for yourself. Life-sustaining treatment means care, surgery, medicine or other help from doctors that is needed to keep you alive, for example:

- a serious operation, such as a heart bypass or organ transplant
- cancer treatment
- artificial nutrition or hydration (food or water given other than by mouth).

Decisions about life-sustaining treatment can be needed in unexpected circumstances, such as a routine operation that doesn't go as planned.

If you give your attorney(s) the right to make this decision, the attorney can decide whether you receive or do not have the specified treatment, in the same way that you would have done, when you still had capacity to decide. This means that your attorney can decide to refuse life sustaining treatment if they do not consider that it is in your best interests to have this. Your attorney should act in your best interests and in line with your wishes and views. It is advisable therefore to make sure that you talk with your attorneys about your wishes and views so that they can follow these.

Please delete as appropriate

Option A – I give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

If you choose this option, your attorneys can speak to doctors on your behalf as if they were you.

Option B – I do not give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

If you choose this option, your doctors will consider the views of the attorneys and of people who are interested in your welfare as well as any written statement you may have made, where it is practical and appropriate.

e) Instructions, wishes or preferences

Please include any instructions, wishes or preferences for your attorneys.

If you have chosen (in section c) above) that you want your attorneys to make some decisions jointly and agree unanimously on these, you should list these decisions here. The wording you use is important.

Please write your instructions here:

(f) Restrictions and conditions

Are there any decisions that the attorney/s cannot make?

Please specify:

If you have made an Advanced Decision to Refuse Treatment under the Capacity (Bailiwick of Guernsey) Law, 2020 which you have attached (see (g) below), do you wish that Advanced Decision to Refuse Treatment to stand as your decision in relation to the treatment specified in it which the attorney/s cannot override?

(Please circle below)

YES / NO

(g) Advanced care planning

Have you made an advanced care plan or Advanced Decision to Refuse Treatment?

(Please circle below)

YES / NO

If you have answered 'YES', please attach and provide a copy to your attorney(s)

Please continue to the next page to sign the Declaration

Declaration

Everyone signing the Lasting Power of Attorney (LPA) must read this information

This instrument creates a Lasting Power of Attorney for the purposes of the Capacity (Bailiwick of Guernsey) Law, 2020.

You, all your attorneys and your replacement attorneys must sign this Lasting Power of Attorney to form a legal agreement between you (a relevant instrument). You must give accurate information to the best of your knowledge and belief.

By signing this Lasting Power of Attorney, you (the grantor) are appointing a person or people (attorney(s)) to make decisions for you when you no longer have capacity.

Lasting Powers of Attorney are governed by the Capacity (Bailiwick of Guernsey) Law, 2020 ("the Capacity Law"), the Capacity Law (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022 ("the LPA Ordinance") any enactments made under it, and the relevant Chapters of the Code of Practice. Attorneys must have regard to these documents.

HM Greffier is not liable for any errors or mistakes in this form; it is for the grantor and the attorneys to ensure that it is correct.

Your attorneys must follow the principles of the Capacity Law:

1. Your attorney(s) must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorney(s) must help you to make as many of your own decisions as you can. They must take all practical steps to help you to make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision.
3. Your attorney(s) must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorney(s) must act and make decisions in your best interests when you are unable to make a decision.
5. Before your attorney(s) make a decision or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

Your attorney(s) must always act in your best interests. This is explained in the Code of Practice for the Capacity Law.

The LPA must be registered with HM Greffier and activated if you lose capacity to make the relevant decisions about your health and welfare or your property and financial affairs. The process for activating the LPA is explained in the Code of Practice and in the guidance notes for this form.

Revoking your LPA: You can cancel this LPA at any time, as long as you have capacity to do so. Once registered, this can only be done by making an application to HM Greffier.

Your will and your LPA: Your attorney(s) cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys should notify HM Greffier and return any copies of the LPA.

- **Data protection:** your data may be processed by HM Greffier, the Committee for Health and Social Care and Sark safeguarding in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 in carrying out their relevant duties for the purposes of the Law and LPA Ordinance, as well as for safeguarding and law enforcement purposes.

I confirm all of the following:

- I have read this Lasting Power of Attorney or I have had it read to me (particularly the **Declaration** set out above) (Tick this box if this is correct)

Property and Financial Affairs:

- I confirm that my Attorney(s) can use the LPA with my agreement whilst I have capacity to manage my property and financial affairs

Or (Tick which box is correct)

Only when I cannot act for myself because I lack capacity

subject to the terms of this LPA and to the provisions of the Capacity Law

- I agree to the information I have provided being used by HM Greffier, the Committee for Health & Social Care and Sark Safeguarding (as relevant) in carrying out their relevant duties for the purposes of the Law and LPA Ordinance, as well as for safeguarding and law enforcement purposes.

Health and Welfare Matters:

- I appoint and give my Attorney(s) authority to make decisions about my health and welfare, when I cannot act for myself because I lack capacity, subject to the terms of this LPA and to the provisions of the Capacity Law
- I confirm I have deleted either Option A or Option B about life sustaining treatment in section 4 of this LPA
- I agree to the information I have provided being used by HM Greffier, the Committee for Health & Social Care and Sark Safeguarding (as relevant) in carrying out their relevant duties for the purposes of the Law and LPA Ordinance, as well as for safeguarding and law enforcement purposes.

Signed (Grantor)	
Date	

Witnessed by (forename and surname)	
This must NOT be an Attorney	
Signature and Date	

For all Attorneys and replacement Attorneys, you must only sign this document if you agree with the following declarations:

- I have read this Lasting Power of Attorney or have had it read to me (particularly the **Declaration** set out above);
- I understand the duties imposed on me as an attorney under sections 3 and 6 of the Capacity Law, and the LPA Ordinance, and to act in accordance with the authority I have been given; and
- I confirm that **I am eligible** to act as an attorney for the purposes of either or both types of LPA being created (as the case may be).

You must give accurate information to the best of your knowledge and belief.

IMPORTANT – The attorney(s) and replacement attorney(s) **MUST** sign and have their signatures witnessed in Part 1 and Part 2 if completed.

To be signed by Attorneys and replacement Attorneys in relation to a lasting power of attorney for Property and Financial Affairs made under Part 1

<u>Attorney (1) (forename and surname)</u>	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

<u>Attorney (2) (forename and surname)</u>	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

<u>Attorney (3) (forename and surname)</u>	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

<u>Attorney (4) (forename and surname)</u>	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

Replacement Attorney (1) (forename and surname)	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

Replacement Attorney (2) (forename and surname)	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

To be signed by Attorneys and replacement Attorneys in relation to a lasting power of attorney for Health and Welfare matters made under Part 2

Attorney (1) (forename and surname)	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

Attorney (2) (forename and surname)	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

Attorney (3) (forename and surname)	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

Attorney (4) forename and surname)	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

Replacement Attorney (1) (forename and surname)	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

Replacement Attorney (2) (forename and surname)	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

PLEASE RETURN COMPLETED FORM TO THE GREFFE:

Email: registrar@guernseyroyalcourt.gg

Post: The Greffe, Royal Court House, St James' Street, St Peter Port, Guernsey, GY1 2NZ.

Telephone: 01481 225277

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To be endorsed by HM Greffier when registered:

Form A2: Creation and registration of a Lasting Power of Attorney (LPA) for Property and Financial Affairs

PLEASE COMPLETE IN BLOCK CAPITALS

Personal Details	
Name of Grantor (The name of the person making the Lasting Power of Attorney)	Please list below any previous names you have been known by
Address	Email address
Date of birth	Phone number

Contact details for person to arrange LPA Registration Appointment (if not Grantor)	
Name	Phone number Email Address

Property and Financial Affairs	
(a) Attorneys	
Name of Attorney (1) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	Phone Number
Address	Email address

Name of Attorney (2) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	Phone Number
Address	Email address

Name of Attorney (3) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	Phone Number
Address	Email address

Name of Attorney (4) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	Phone Number
Address	Email address

b) Replacement attorneys	
Name of replacement Attorney (1) [forename and surname] (This person who will be able to make decisions on your behalf if the named attorneys are no longer able to act for you)	
Date of birth	Phone Number
Address	Email address

Name of replacement Attorney (2) [forename and surname] (This person who will be able to make decisions on your behalf if the named attorneys are no longer able to act for you)	
Date of birth	Phone Number
Address	Email address

State in which order and on what basis your replacement Attorneys will replace your Attorneys set out at part (a):
NB If you do not do so, replacement will take place in accordance with the LPA Ordinance.

c) How can your attorneys act?	
<p>Sole Attorney (Please circle below)</p> <p style="text-align: center;">YES/NO</p>	<p>If appointed solely: Please note – if your sole attorney dies or can no longer act, your LPA will no longer be valid unless you appoint at least one replacement attorney.</p>
<p>Jointly and severally (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>If appointed jointly and severally: Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work. If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.</p>
<p>Jointly (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>If appointed jointly: Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court. Please note – if one attorney dies or can no longer act, all your attorneys become unable to act. Your LPA will no longer be valid unless you appoint at least one replacement attorney</p>
<p>Jointly for some decisions and severally for others (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>If appointed jointly for some decisions and severally for others: Attorneys must agree unanimously on some decisions but can make others on their own. If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on in section (e) of this form. The wording you use is important. Please note – if one attorney dies or can no longer act, none of your attorneys will be able to make any of the decisions you've said should be made jointly. Your LPA will not be valid for those decisions unless you appoint at least one replacement attorney. Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys. These decisions should be specified in section (e) Instructions.</p>

d) Can the attorney(s) use the LPA with your agreement whilst you still have capacity to manage your property and financial affairs?

(Please circle below)

If you circle 'YES' your attorney can still only act with your agreement

If you circle 'NO' your attorney can only act after you lose capacity to manage your financial affairs and the LPA has been activated

YES / NO

This may be useful if you need your attorneys to go the bank for you, or to manage your affairs whilst you are away on holiday.

e) Instructions, wishes or preferences

Please include any instructions, wishes or preferences for your attorneys.

You should include any restrictions on managing your property and financial affairs whilst you still retain capacity.

If you have chosen (in section c above) that you want your attorneys to make some decisions jointly and agree unanimously on these, you should list these decisions here. The wording you use is important.

Please write your instructions here:

f) Restrictions and conditions

Are there any decisions that the attorney/s cannot make?

Please specify here:

Please continue to the next page to sign the Declaration

Declaration

Everyone signing the Lasting Power of Attorney (LPA) must read this information

This instrument creates a Lasting Power of Attorney for the purposes of the Capacity (Bailiwick of Guernsey) Law, 2020.

You, all your attorneys and your replacement attorneys must sign this Lasting Power of Attorney to form a legal agreement between you (a relevant instrument). You must give accurate information to the best of your knowledge and belief.

By signing this Lasting Power of Attorney, you (the grantor) are appointing a person or people (attorney(s)) to make decisions for you when you no longer have capacity.

Lasting Powers of Attorney are governed by the Capacity (Bailiwick of Guernsey) Law, 2020 ("the Capacity Law"), the Capacity Law (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022 ("the LPA Ordinance") any enactments made under it, and the relevant Chapters of the Code of Practice. Attorneys must have regard to these documents.

HM Greffier is not liable for any errors or mistakes in this form; it is for the grantor and the attorneys to ensure that it is correct.

Your attorneys must follow the principles of the Capacity Law:

1. Your attorney(s) must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorney(s) must help you to make as many of your own decisions as you can. They must take all practical steps to help you to make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision.
3. Your attorney(s) must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorney(s) must act and make decisions in your best interests when you are unable to make a decision.
5. Before your attorney(s) make a decision or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

Your attorney(s) must always act in your best interests. This is explained in the Code of Practice for the Capacity Law.

The LPA must be registered with HM Greffier and activated if you lose capacity to make the relevant decisions about your health and welfare or your property and financial affairs. The process for activating the LPA is explained in the Code of Practice and in the guidance notes for this form.

Revoking your LPA: You can cancel this LPA at any time, as long as you have capacity to do so. Once registered, this can only be done by making an application to HM Greffier.

Your will and your LPA: Your attorney(s) cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys should notify HM Greffier and return any copies of the LPA.

Data protection: your data may be processed by HM Greffier, the Committee for Health and Social Care and Sark safeguarding in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 in carrying out their relevant duties for the purposes of the Law and LPA Ordinance, as well as for safeguarding and law enforcement purposes.

I confirm all of the following:

- I have read this Lasting Power of Attorney or I have had it read to me (particularly the **Declaration** set out above) *(Tick this box if this is correct)*

 - I confirm that my Attorney(s) can use the LPA with my agreement whilst I have capacity to manage my property and financial affairs
- Or* *(Tick which box is correct)*
- Only when I cannot act for myself because I lack capacity
 subject to the terms of this LPA and to the provisions of the Capacity Law
- I agree to the information I have provided being used by HM Greffier, the Committee *for* Health & Social Care and Sark Safeguarding (as relevant) in carrying out their relevant duties for the purposes of the Law and LPA Ordinance, as well as for safeguarding and law enforcement purposes.

Signed (Grantor)	
Date	

Witnessed by (forename and surname)	
This must NOT be an attorney	
Signature	
Date	

After the grantor has signed this page, the Attorneys and replacement Attorneys should sign the next page(s) as appropriate.

For all Attorneys and replacement Attorneys, you must only sign this document if you agree with the following declarations:

- I have read this Lasting Power of Attorney or have had it read to me (particularly the **Declaration** set out above);
- I understand the duties imposed on me as an attorney under sections 3 and 6 of the Capacity Law, and the LPA Ordinance, and to act in accordance with the authority I have been given; and
- I confirm that **I am eligible** to act as an attorney for the purposes of either or both types of LPA being created (as the case may be).

You must give accurate information to the best of your knowledge and belief.

<u>Attorney (1) (forename and surname)</u>	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

<u>Attorney (2) (forename and surname)</u>	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

<u>Attorney (3) (forename and surname)</u>	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

<u>Attorney (4) (forename and surname)</u>	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

Replacement Attorney (1) (forename and surname)	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

Replacement Attorney (2) (forename and surname)	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

PLEASE RETURN COMPLETED FORM TO THE GREFFE:

Email: registrar@guernseyroyalcourt.gg

Post: The Greffe, Royal Court House, St James' Street, St Peter Port, Guernsey, GY1 2NZ.

Telephone: 01481 225277

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To be endorsed by HM Greffier when registered:

Form A3: Creation of a Lasting Power of Attorney (LPA) for Health and Welfare matters

PLEASE COMPLETE IN BLOCK CAPITALS

Personal Details	
Name of Grantor (The name of the person making the Lasting Power of Attorney)	Please list below any previous names you have been known by
Address	Email address
Date of Birth	Phone number

Contact details for person to arrange LPA Registration Appointment (if not Grantor)	
Name	Phone number Email Address

Health and Welfare Matters	
(a) Attorneys	
Name of Attorney (1) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	Phone Number
Address	Email address

Name of Attorney (2) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	Phone Number
Address	Email address

Name of Attorney (3) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	Phone Number
Address	Email address

Name of Attorney (4) [forename and surname] (This is the person who will be able to make decisions on your behalf)	
Date of birth	Phone Number
Address	Email address

b) Replacement Attorneys	
Name of replacement Attorney (1) [forename and surname] (This is a person who will be able to make decisions on your behalf if the named attorney(s) are no longer able to act for you)	
Date of birth	Phone Number
Address	Email address

Name of replacement Attorney (2) [forename and surname] (This is a person who will be able to make decisions on your behalf if the named attorney(s) are no longer able to act for you)	
Date of birth	Phone Number
Address	Email address

State in which order and on what basis your replacement Attorneys will replace your Attorneys set out at part (a):
NB If you do not do so, replacement will take place in accordance with the LPA Ordinance.

c) How can your attorneys act?	
<p>Sole Attorney (Please circle below)</p> <p style="text-align: center;">YES/NO</p>	<p>If appointed solely: Please note – if your sole attorney dies or can no longer act, your LPA will no longer be valid unless you appoint at least one replacement attorney.</p>
<p>Jointly and severally (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>If appointed jointly and severally: Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work. If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.</p>
<p>Jointly (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court.</p> <p>Please note – if one attorney dies or can no longer act, all your attorneys become unable to act. Your LPA will no longer be valid unless you appoint at least one replacement attorney</p>
<p>Jointly for some decisions and severally for others (Please circle below)</p> <p style="text-align: center;">YES / NO</p>	<p>Attorneys must agree unanimously on some decisions but can make others on their own. If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on in section (e) of this form. The wording you use is important.</p> <p>Please note – if one attorney dies or can no longer act, none of your attorneys will be able to make any of the decisions you've said should be made jointly. Your LPA will not be valid for those decisions unless you appoint at least one replacement attorney. Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys. These decisions should be specified in section (e) 'Instructions, wishes or preferences'.</p>

d) Life sustaining treatment decisions

You must choose whether you are willing to allow your attorney(s) to make decisions about life-sustaining treatment at a time when you no longer have capacity to make this decision for yourself. Life-sustaining treatment means care, surgery, medicine or other help from doctors that is needed to keep you alive, for example:

- a serious operation, such as a heart bypass or organ transplant
- cancer treatment
- artificial nutrition or hydration (food or water given other than by mouth).

Decisions about life-sustaining treatment can be needed in unexpected circumstances, such as a routine operation that doesn't go as planned.

If you give your attorney(s) the right to make this decision, the attorney can decide whether you receive or do not have the specified treatment, in the same way that you would have done, when you still had capacity to decide. This means that your attorney can decide to refuse life sustaining treatment if they do not consider that it is in your best interests to have this. Your attorney should act in your best interests and in line with your wishes and views. It is advisable therefore to make sure that you talk with your attorneys about your wishes and views so that they can follow these.

Please delete as appropriate

Option A – I give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

If you choose this option, your attorneys can speak to doctors on your behalf as if they were you.

Option B – I do not give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

If you choose this option, your doctors will consider the views of the attorneys and of people who are interested in your welfare as well as any written statement you may have made, where it is practical and appropriate.

e) Instructions, wishes or preferences

Please include any instructions, wishes or preferences for your attorneys.

If you have chosen (in section c) above) that you want your attorneys to make some decisions jointly and agree unanimously on these, you should list these decisions here. The wording you use is important.

Please write your instructions here:

(f) Restrictions and conditions

Are there any decisions that the attorney/s cannot make?

Please specify:

If you have made an Advanced Decision to Refuse Treatment under the Capacity (Bailiwick of Guernsey) Law, 2020 which you have attached (see (g) below), do you wish that Advanced Decision to Refuse Treatment to stand as your decision in relation to the treatment specified in it which the attorney/s cannot override?

(Please circle below)

YES / NO

(g) Advanced care planning

Have you made an advanced care plan or advanced decision to refuse treatment?

(Please circle below)

YES / NO

If you have answered 'YES', please attach and provide a copy to your attorney(s)

Please continue to the next page to sign the Declaration

Declaration

Everyone signing the Lasting Power of Attorney (LPA) must read this information

This instrument creates a Lasting Power of Attorney for the purposes of the Capacity (Bailiwick of Guernsey) Law, 2020.

You, all your attorneys and your replacement attorneys must sign this Lasting Power of Attorney to form a legal agreement between you (a relevant instrument). You must give accurate information to the best of your knowledge and belief.

By signing this Lasting Power of Attorney, you (the grantor) are appointing a person or people (attorney(s)) to make decisions for you when you no longer have capacity.

Lasting Powers of Attorney are governed by the Capacity (Bailiwick of Guernsey) Law, 2020 ("the Capacity Law"), the Capacity Law (Lasting Powers of Attorney) (Bailiwick of Guernsey) Ordinance, 2022 ("the LPA Ordinance") any enactments made under it, and the relevant Chapters of the Code of Practice. Attorneys must have regard to these documents.

HM Greffier is not liable for any errors or mistakes in this form; it is for the grantor and the attorneys to ensure that it is correct.

Your attorneys must follow the principles of the Capacity Law:

1. Your attorney(s) must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorney(s) must help you to make as many of your own decisions as you can. They must take all practical steps to help you to make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision.
3. Your attorney(s) must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorney(s) must act and make decisions in your best interests when you are unable to make a decision.
5. Before your attorney(s) make a decision or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

Your attorney(s) must always act in your best interests. This is explained in the Code of Practice for the Capacity Law.

The LPA must be registered with HM Greffier and activated if you lose capacity to make the relevant decisions about your health and welfare or your property and financial affairs. The process for activating the LPA is explained in the Code of Practice and in the guidance notes for this form.

Revoking your LPA: You can cancel this LPA at any time, as long as you have capacity to do so. Once registered, this can only be done by making an application to HM Greffier.

Your will and your LPA: Your attorney(s) cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys should notify HM Greffier and return any copies of the LPA.

Data protection: your data may be processed by HM Greffier, the Committee for Health and Social Care and Sark safeguarding in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 in carrying out their relevant duties for the purposes of the Law and LPA Ordinance, as well as for safeguarding and law enforcement purposes.

I confirm all of the following:

- I have read this Lasting Power of Attorney or I have had it read to me (particularly the **Declaration** set out above) (Tick this box if this is correct)
- I appoint and give my Attorney(s) authority to make decisions about my health and welfare, when I cannot act for myself because I lack capacity, subject to the terms of this LPA and to the provisions of the Capacity Law
- I confirm I have deleted either Option A or Option B about life sustaining treatment in section 4 of this LPA
- I agree to the information I have provided being used by HM Greffier, the Committee *for* Health & Social Care and Sark Safeguarding (as relevant) in carrying out their relevant duties for the purposes of the Law and LPA Ordinance, as well as for safeguarding and law enforcement purposes.

Signed (Grantor)	
Date	

Witnessed by (forename and surname)	
This must NOT be an attorney	
Signature	
Date	

After the grantor has signed this page, the Attorneys and replacement Attorneys should sign the next page(s) as appropriate.

For all Attorneys and replacement Attorneys, you must only sign this document if you agree with the following declarations:

- I have read this Lasting Power of Attorney or have had it read to me (particularly the **Declaration** set out above);
- I understand the duties imposed on me as an attorney under sections 3 and 6 of the Capacity Law, and the LPA Ordinance and to act in accordance with the authority I have been given; and
- I confirm that **I am eligible** to act as an attorney for the purposes of either or both types of LPA being created (as the case may be).

You must give accurate information to the best of your knowledge and belief.

<u>Attorney (1) (forename and surname)</u>	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

<u>Attorney (2) (forename and surname)</u>	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

<u>Attorney (3) (forename and surname)</u>	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

<u>Attorney (4) (forename and surname)</u>	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

Replacement Attorney (1) (forename and surname)	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

Replacement Attorney (2) (forename and surname)	
Signature and Date	

Witnessed by (forename and surname)	
Signature and Date	

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EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations substitute the forms set out in the Schedule to create lasting powers of attorney for the forms set out in the Capacity (Lasting Powers of Attorney) (Forms) (Bailiwick of Guernsey) Regulations, 2022.

These Regulations also prescribe further information to be contained in the Register of Lasting Powers of Attorney ("the Register") and set out the requirements, and fee, to request copies or extracts from the Register from His Majesty's Greffier.