

Checklist for enduring ACP documents, approved for use after 30 November 2020 to be uploaded to The Viewer

The Statewide Office of Advance Care Planning (ACP) can upload the following documents to The Viewer:

- Statement of Choices
- Enduring Power of Attorney (EPOA) - Short Form and Long Form
- Advance Health Directive (AHD)
- Revocation of EPOA/AHD
- Interpreter's/Translator's statement.

This checklist outlines the steps and standard criteria used by the Statewide Office of ACP to determine eligibility of an enduring document for upload to The Viewer. The criteria align with the requirements of the *Powers of Attorney Act 1998 (QLD)* and supports clinicians to have access to quality documents.

Prior to sending copies of enduring documents to the Statewide Office of ACP, you are encouraged to check that they are legible and meet uploading criteria. Please send all pages of the document to us and include the person's name and date of birth or their service ID sticker. This will help the Office to upload the document in a timely manner to the correct patient's record. If issues are identified that prevent uploading of the documents, you (as the sender) will be notified. You may be able to address these issues.

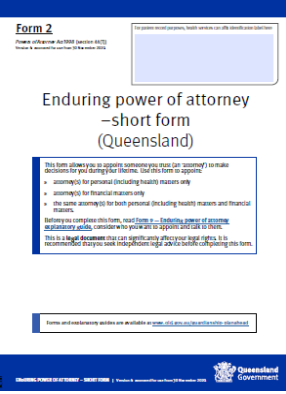
Note: The **Statewide Office of ACP** will check completion against standard criteria; however, **the Office is not responsible for confirming the content** of enduring ACP documents uploaded to The Viewer. Use of enduring documents on The Viewer must be in accordance with Queensland legislation.

Click on the following links to show the criteria used by the Statewide Office of ACP to review these documents:

- [Enduring Power of Attorney \(EPOA\) Short Form - Form 2](#)
- [Enduring Power of Attorney \(EPOA\) Long Form - Form 3](#)
- [Advance Health Directive \(AHD\) - Form 4](#)
- [Interpreter's/Translator's statement - Form 7 \(attachment to AHD/EPOA\)](#)
- [Revocation of an EPOA - Form 6](#)
- [Revocation of an AHD.](#)

1. Enduring Power of Attorney (EPOA) Short Form - Form 2

The following steps show the criteria used by the Statewide Office of ACP to review an EPOA Short Form - Form 2 (Version 2) and determine if it is eligible to be uploaded to The Viewer.



Form 2
Enduring power of attorney - short form (Queensland)

This form allows you to appoint someone you trust (an attorney) to make decisions for you during your lifetime. Use this form to appoint:

- attorney(s) for personal (including health) matters only
- attorney(s) for financial matters only
- one (or more) attorney(s) for both personal (including health) matters and financial matters.

Make sure you complete this form, read [section 4](#) - **Declaring powers of attorney** and [section 5](#) - **Attorney(s) Acceptance**, carefully before you sign for EPOA to take effect.

This is a **legal document** that can significantly affect your legal rights. It is recommended that you seek independent legal advice in completing this form.

Forms and explanatory notes are available at www.oacp.qld.gov.au/advance-care-planning

Queensland Government

Step 1:

All the following are complete:

- s1 Your Personal Details** has:
 - the name of the principal completed
- s3 Your Attorney(s)** has:
 - the name of the attorney/s entered
 - one of the following boxes ticked: personal (including health) matters only/financial matters only/personal (including health) matters and financial matters.
- s4 Declarations and Signatures** has been:
 - signed by the principal or by an 'eligible signer' on the principal's behalf
 - Witness Certificate has:
 - appropriate boxes ticked
 - been signed and dated by an 'eligible witness'.
- s5 Attorney(s)' Acceptance** has been:
 - signed and dated by at least one attorney (named in s3).

Step 2:

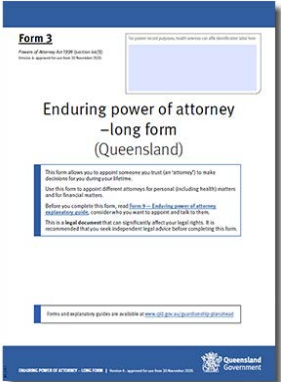
The following sections are included in the document:

- s1 Your Personal Details
- s2 Your Views, Wishes and Preferences
- s3 Your Attorney(s)
- s4 Declarations and Signatures
- s5 Attorney(s)' Acceptance
- Additional Pages ([Form 8](#)) referenced in the document.

If Step 1 and Step 2 criteria are met, the document can be uploaded to The Viewer.

2. Enduring Power of Attorney (EPOA) Long Form - Form 3

The following steps show the criteria used by the Statewide Office of ACP to review an EPOA Short Form - Form 3 (Version 4) and determine if it is eligible to be uploaded to The Viewer.



All the following are complete:

Step 1:

- s1 Your Personal Details has:**
 - the name of the principal completed
- s3 Your Attorney(s) for:**
 - Personal (including health) Matters has:
 - the name of the attorney/s entered
 - Financial Matters has:
 - the name of the attorney/s entered.
- s4 Declarations and Signatures has been:**
 - signed by the principal or by an 'eligible signer' on the principal's behalf
 - Witness Certificate has:
 - appropriate boxes ticked
 - been signed and dated by an 'eligible witness'.
- s5 Attorney(s)' Acceptance has been:**
 - signed and dated by at least one attorney (named in s3).

Step 2:

The following sections are included in the document:

- s1 Your Personal Details
- s2 Your Views, Wishes and Preferences
- s3 Your Attorney(s)
- s4 Declarations and Signatures
- s5 Attorney(s)' Acceptance
- Additional Pages ([Form 8](#)) referenced in the document.

If Step 1 and Step 2 criteria are met, the document can be uploaded to The Viewer.

3. Advance Health Directive (AHD) - Form 4

The following steps show the criteria used by the Statewide Office of ACP to review an AHD - Form 4 (Version 5) and determine if it is eligible to be uploaded to The Viewer.

	<p>Step 1:</p>	<p>All the following are complete:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> s1 Your Personal Details has: <ul style="list-style-type: none"> ○ the name of the principal completed <input type="checkbox"/> s5 Doctor Certificate has been: <ul style="list-style-type: none"> ○ signed and dated by a doctor <input type="checkbox"/> s7 Declarations and Signatures has been: <ul style="list-style-type: none"> ○ signed by the principal or by an 'eligible signer' on the principal's behalf ○ Witness Certificate has: <ul style="list-style-type: none"> ▪ appropriate boxes ticked ▪ been signed and dated by an 'eligible witness'.
		<p>Step 2:</p>	<p>The following sections are included in the document:</p> <ul style="list-style-type: none"> <input type="checkbox"/> s1 Your Personal Details <input type="checkbox"/> s2 Your Health Conditions and Concerns <input type="checkbox"/> s3 Your Views, Wishes and Preferences <input type="checkbox"/> s4 Your Directions <input type="checkbox"/> s5 Doctor Certificate <input type="checkbox"/> s6 Appointing An Attorney(s) For Health Matters <input type="checkbox"/> s7 Declarations and Signatures <input type="checkbox"/> s8 Attorney(s)' Acceptance <input type="checkbox"/> Additional Pages (Form 8) referenced in the document.
<p>If Step 1 and Step 2 criteria are met, the document can be uploaded to The Viewer.</p>			
<p>Note: If Steps 1 and 2 are met, but Step 3 (criteria below) are incomplete - the document will still be uploaded to The Viewer.</p>			
<p>In this instance a comment is added in the ACP Tracker. This will alert clinicians to issues with the appointment of an attorney for personal/health matters within this document.</p>			
<p>Step 3: <i>This step is only relevant if the person is nominating an enduring power of attorney (EPOA) for health and personal matters in the AHD document.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> s6: Appointing an attorney(s) for health matters has: <ul style="list-style-type: none"> ○ the name of the attorney/s entered <input type="checkbox"/> s8: Attorney(s)' Acceptance has been: <ul style="list-style-type: none"> ○ signed and dated by at least one attorney (named in s6). 		

4. Interpreter's/Translator's statement - Form 7 (attachment to AHD/EPOA)

The following steps show the criteria used by the Statewide Office of ACP to review an Interpreter's/Translator's statement - Form 7 (Version 2) and determine if it is eligible to be uploaded to The Viewer.

	<p>Step 1: <i>This form is completed by an interpreter/translator if they acted as an interpreter/translator when the AHD or EPOA was signed.</i></p>	<p>The following are complete:</p> <p>Interpreter's/Translator's statement includes the:</p> <ul style="list-style-type: none"> <input type="checkbox"/> name of the document i.e. EPOA or AHD for which this Statement applies <input type="checkbox"/> name of the translator and the language used in translating the document <input type="checkbox"/> translator signature and their qualifications (Note: The interpreter/translator must be registered with the National Accreditation Authority for Translators and Interpreters)
<p>If Step 1 criteria are met, or the form is only missing qualifications of the translator, the document can be uploaded to The Viewer, attached to related AHD or EPOA.</p>		

5. Revocation of an EPOA - Form 6

The following steps show the criteria used by the Statewide Office of ACP to review Revocation of an EPOA - Form 6 (Version 1) and determine if it is eligible to be uploaded to The Viewer.

	<p>Step 1:</p> <p>Step 2:</p>	<p>All the following are complete:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Part 1: Statement revoking the appointment of an attorney or attorneys has: <ul style="list-style-type: none"> o the name of the principal completed o the date of the EPOA document to be revoked o the name/s of attorney/s to be revoked. <input type="checkbox"/> Part 2: Statement of understanding has been: <ul style="list-style-type: none"> o signed by the principal or an 'eligible signer' on the adult's behalf o signed and dated by an 'eligible witness'. <input type="checkbox"/> Part 3: Witness's certificate has: <ul style="list-style-type: none"> o one box in sections (a), (c) and (d) ticked o been signed by an 'eligible witness'. <p>The following sections are included in the document:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Part 1: Statement revoking the appointment of an attorney or attorneys <input type="checkbox"/> Part 2: Statement of understanding <input type="checkbox"/> Part 3: Witness's certificate.
<p>If Step 1 and Step 2 criteria are met, the document can be uploaded to The Viewer.</p>		

6. Revocation of an AHD

The following steps show the criteria used by the Statewide Office of ACP to review a Revocation of an AHD and determine if it is eligible to be uploaded to The Viewer.

Note: There is no specified form for a revocation of an AHD document (*s49 POA Act 1998*)

The following are included in the document:

- the document date
- the name of the person (principal)
- the date of the AHD document to be revoked
- the document has been:
 - signed by the principal and **may or may not** include a certificate signed by the witness stating the principal had:
 - signed the revocation in the witness's presence, and
 - at the time, appeared to the witness to have the capacity necessary for the revocation

OR:

- signed by a person for the principal, and if so, **must** include a certificate signed by the witness stating:
 - the principal, in the witness's presence, instructed the person to sign the revocation on the principal's behalf, and
 - the person signed it in the presence of the principal and witness; and
 - the principal, at the time, appeared to the witness to have the capacity necessary for the revocation.