

Voluntary assisted dying in Western Australia

How to fill in a Contact Person Appointment Form

- These instructions will help you understand which parts of the Contact Person Appointment Form need to be completed, and who needs to complete them.
- You must appoint a Contact Person (using this form) if you make a self-administration decision in relation to voluntary assisted dying.
- The <u>Choosing the Contact Person</u> and <u>Being the Contact Person</u> information sheets have more information about the role of the Contact Person, including who can be a Contact Person and what they have to do.
- If you need help contact:
 - · your Coordinating Practitioner, or
 - the Statewide Care Navigator Service Phone: 08 9431 2755

Email: VADCareNavigator@health.wa.gov.au

Part A. Patient information

Completed by

The patient OR another person on the patient's behalf.

Instructions

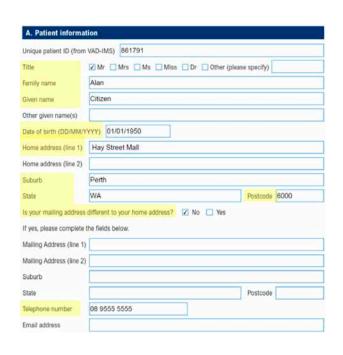
Is part A already filled in?

Yes

- Check to make sure information is correct.
- Cross out and rewrite any information that is incorrect.
- Move on to part B. Coordinating Practitioner information.

No

- Complete the fields highlighted in yellow.
- Other fields should also be completed if they are relevant.



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Part B. Coordinating Practitioner information

Completed by

If not already filled in by the practitioner, the patient OR another person on the patient's behalf can complete.

Instructions

Is part B already filled in?

Yes

- Check to make sure information is correct.
- Cross out and rewrite any information that is incorrect.
- Then move on to part **C. Patient Declaration**.

No

- Complete the fields highlighted in yellow.
- Other fields should also be completed if they are relevant.

Part C. Contact Person information

Completed by

The patient OR another person on the patient's behalf.

Instructions

Complete the fields highlighted in yellow.

Other fields should also be completed if they are relevant.

Part D. Communication

Completed by

The patient OR another person on the patient's behalf.

Instructions

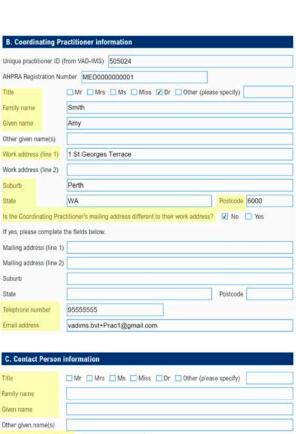
Was the Contact Person appointed with the assistance of an interpreter?

No

 Place a tick in the box next to 'No' and move on to part E. Statement of the Contact Person.

Yes

 Place a tick in the box next to 'Yes' and complete the purple section.



C. Contact Person	information
Title	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)
Family name	
Given name	
Other given name(s)	
Date of birth (DD/MM/	m)
Home address (line 1)	
Home address (line 2)	
Suburb	
State	Postcode
Is the Contact Person's	mailing address different to their home address?
If yes, please complete	the fields below.
Mailing address (line 1	
Mailing address (line 2	
Suburb	
State	Postcode
Telephone number	
Email address	

D. Communic	ation
Did you make the	appointment of the Contact Person with the assistance of an interpreter?
	□ No
	☐ Yes
If yes, please com	plete the Interpreter information below.
Interpreter infor	mation (IF APPLICABLE)
What type of inter	preter service was required?
	Spoken language other than English
	Non-spoken communication (e.g. AUSLAN)
Act, The interprete	r has confirmed to me that they:
The interprete are accredi are not a fa do not kno death of th are not an lives; and	ited with the National Accreditation Authority for Translators and Interpreters (NAATI); imily member of the patient; w or believe that they are a beneficiary under a will of the patient; w or believe that they may otherwise benefit financially or in any other material way from the patient; owner, or responsible for management, of a health facility where the patient is being treated o
The interprete are accredi are not a fa do not kno death of th are not an lives; and	ited with the National Accreditation Authority for Translators and Interpreters (NAATI); imily member of the patient: w or believe that they are a beneficiary under a will of the patient; w or believe that they may otherwise benefit financially or in any other material way from the a patient;
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The interprete are scored are not a fe do not kno do not kno death of th are not an lives; and are not dire	ited with the National Accreditation Authority for Translators and Interpreters (NAATI); imily member of the patient; wor believe that they are a beneficiary under a will of the patient; wor believe that they may otherwise benefit financially or in any other material way from the e patient; owner, or responsible for management, of a health facility where the patient is being treated o socity involved in providing health services or professional care services to the patient.
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The interprete are scored are not a fe do not kno do not kno do not kno doath of th are not an lives; and are not dire Title Family name	Ited with the National Accreditation Authority for Translators and Interpreters (NAATI); imily member of the patient; w or believe that they are a beneficiary under a will of the patient; w or believe that they may otherwise benefit financially or in any other material way from the a patient; owner, or responsible for management, of a health facility where the patient is being treated o active involved in providing health services or professional care services to the patient. Mr Mrs Ms Miss Dr Other (please specify)

Part E. Statement of Contact Person

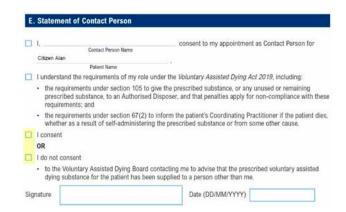
Completed by

The Contact Person.

Instructions

Place a tick in **one** of the checkboxes highlighted in yellow (consent or do not consent).

Complete all of the other fields.



Part F. Consent statement and signature of patient

Completed by

The patient OR another person on the patient's behalf.

Instructions

Place a tick in **one** of the checkboxes highlighted in yellow (consent or do not consent).

Complete **all** of the other fields **above** the green section.

Can the patient sign the Form?

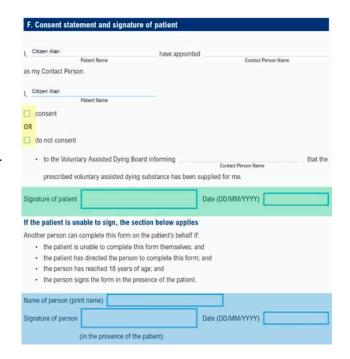
Yes

Complete the green section.

No

Complete the blue section.

Once all sections are complete, give the Contact Person Appointment Form to your Coordinating Practitioner.



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HEN-014123 JAN'22